

Asthma, Allergy & Anaphylaxis Prevention and Management in Early Education Programs

Resource Document

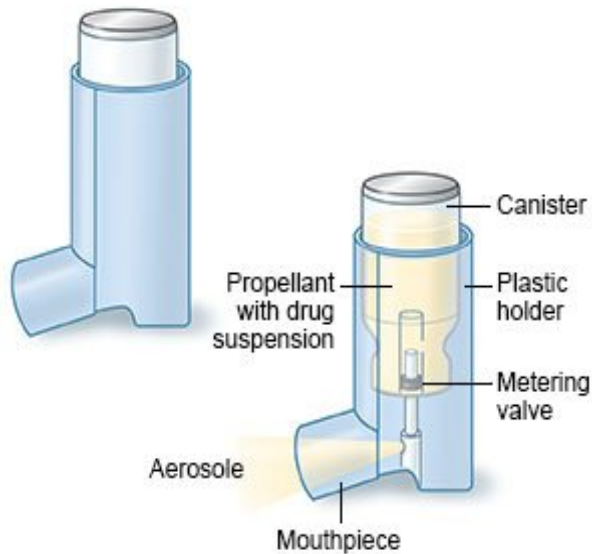
Maryland State Department of Education
Office of Child Care



200 West Baltimore Street
Baltimore, MD 21201-2595
410-767-0100

Asthma, Allergy & Anaphylaxis Prevention and Management in Early Education Program

Metered Dose Inhaler



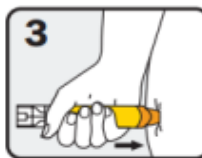
How to give EpiPen®



Form fist around EpiPen® and PULL OFF BLUE SAFETY RELEASE

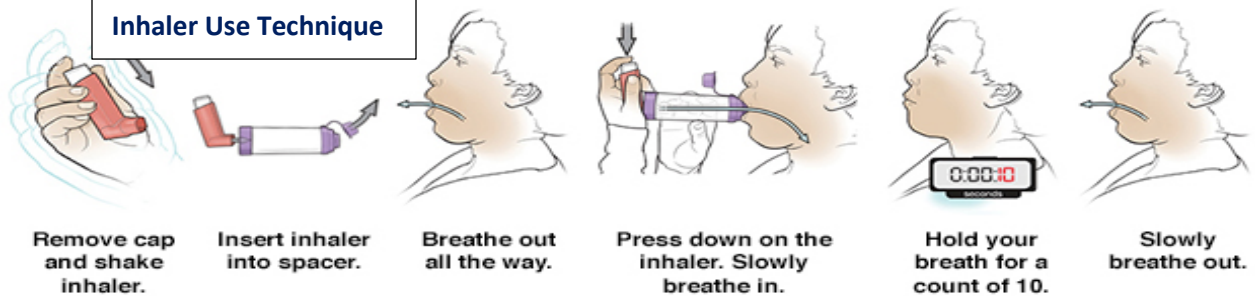


Hold leg still and PLACE ORANGE END against outer mid-thigh (with or without clothing)



PUSH DOWN HARD until a click is heard or felt and hold in place for 3 seconds REMOVE EpiPen®

Inhaler Use Technique



Remove cap and shake inhaler.

Insert inhaler into spacer.

Breathe out all the way.

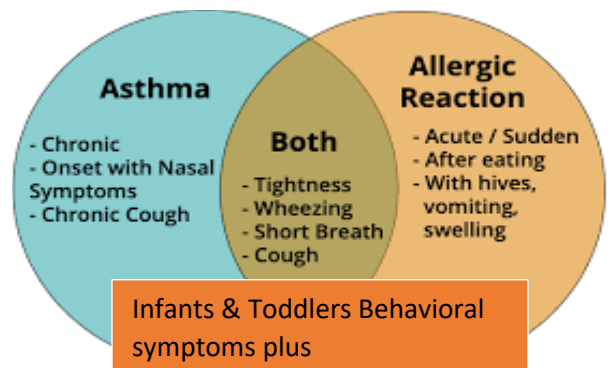
Press down on the inhaler. Slowly breathe in.

Hold your breath for a count of 10.

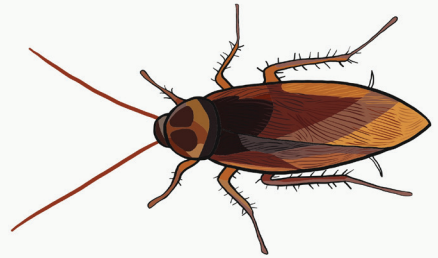
Slowly breathe out.

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Did you know **cockroaches and other pests** are an asthma trigger?



Reduce your exposure!

1.



Pesticides are not only toxic to pests—they can affect people too! Always follow label directions.

2.



Keep your home clean. Remove clutter from counters, sinks, tables, and floors. Clean dishes, crumbs, and spills right away, and store food in airtight containers.

3.



Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **chemical irritants** are an asthma trigger?



Reduce your exposure!

1.



Always follow instructions on the product label. Use products that are effective with the least amount of toxic ingredients possible.

2.



If your asthma symptoms get worse when you use a particular product, consider trying different products.

3.



If you must use a particular product, ventilate with open windows, doors, exhaust fans.

4.

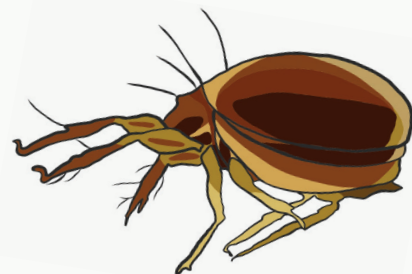


Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **dust mites** are an asthma trigger?



Reduce your exposure!

1.



Use dust proof covers on pillows and mattresses. Wash bedding in hot water and dry completely once a week.

2.



Reduce household dust by dusting often with a damp cloth and using a vacuum with a HEPA filter.

3.



Choose stuffed toys for children that can be washed. Wash in hot water and dry completely.

4.

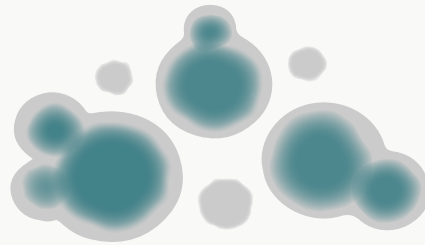


Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **mold** is an asthma trigger?



Reduce your exposure!

1.



If mold is a problem in your home, clean it up and eliminate sources of moisture.

2.



Clean and dry any damp or wet building materials and furnishings within 24-48 hours to prevent mold.

3.



Maintain low indoor humidity (between 30-50%). Humidity levels can be measured by hygrometers, available at hardware stores.

4.



Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **pet dander** is an asthma trigger?



Reduce your exposure!

1.



If you are allergic to animals, the most effective method to control animal allergens is to not allow pets in your home.

2.



If you cannot remove the pet, isolation measures can help reduce allergens, such as keeping pets outside or away from sleeping areas, upholstered furniture, and carpets.

3.



Vacuum carpets and furniture using a vacuum with a HEPA filter when the person with asthma is not around. Use an air cleaner with a HEPA filter.

4.

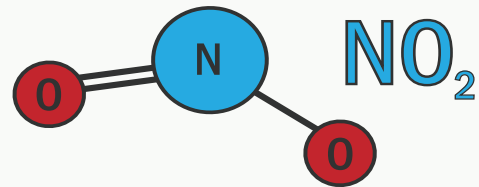


Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **nitrogen dioxide** is an asthma trigger?



Reduce your exposure!

1.



If you have a gas cooking stove, use the exhaust fan when you cook. Never use the stove to keep you warm or heat your house.

2.



Use fuel-burning appliances that are vented to the outdoors. If you use an unvented fuel-burning heater, use the correct fuel and follow the instructions. Open a window and use an exhaust fan when using the heater.

3.



Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **outdoor air pollution** is an asthma trigger?



Reduce your exposure!



Stay informed about air quality by checking the Air Quality Index (AQI) on local weather reports or at epa.gov/airnow.



Consider scheduling outdoor activities at times when air quality is better. In the summer, this may be in the morning.



Stay inside with windows closed on high pollen days and when pollutants are high.

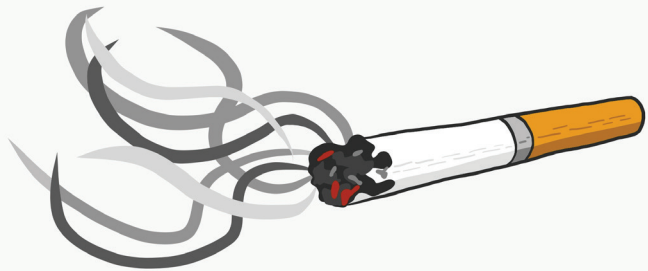


Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **secondhand smoke** is an asthma trigger?



Reduce your exposure!



Not allowing smoking inside of your home or car is the only way to eliminate secondhand smoke.



If someone in your home smokes, encourage them to smoke outdoors until they can quit.



Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

Did you know **wood smoke** is an asthma trigger?



Reduce your exposure!



Replace your wood stove with an EPA-certified heating appliance. New wood stoves are more efficient and pollute less than older models.



Have your stove and chimney inspected every year by a certified professional to remove creosote build-up and ensure there are no cracks or drafts.



Make sure to burn dry wood that's split, stacked, covered, and stored for at least 6 months.



Work with a healthcare provider to identify your asthma triggers and develop an asthma action plan to reduce triggers in your home.



epa.gov/asthma

6 Steps for Safe & Effective Disinfectant Use



Step 1: Check that your product is EPA-approved

Find the EPA registration number on the product. Then, check to see if it is on EPA's list of approved disinfectants at: [epa.gov/listn](https://www.epa.gov/listn)



Step 2: Read the directions

Follow the product's directions. Check "use sites" and "surface types" to see where you can use the product. Read the "precautionary statements."

Step 3: Pre-clean the surface

Make sure to wash the surface with soap and water if the directions mention pre-cleaning or if the surface is visibly dirty.



Step 4: Follow the contact time

You can find the contact time in the directions. The surface should remain wet the whole time to ensure the product is effective.

Step 5: Wear gloves and wash your hands

For disposable gloves, discard them after each cleaning. For reusable gloves, dedicate a pair to disinfecting COVID-19. Wash your hands after removing the gloves.



Step 6: Lock it up

Keep lids tightly closed and store out of reach of children.

[coronavirus.gov](https://www.coronavirus.gov)

Understand the Weather



Wind-Chill

- 30° is **chilly** and generally uncomfortable
- 15° to 30° is **cold**
- 0° to 15° is **very cold**
- 32° to 0° is **bitter cold** with significant risk of **frostbite**
- -20° to -60° is **extreme cold** and **frostbite** is likely
- -60° is **frigid** and exposed **skin will freeze** in 1 minute

Heat Index



- 80° or below is considered **comfortable**
- 90° beginning to feel **uncomfortable**
- 100° **uncomfortable** and may be **hazardous**
- 110° considered **dangerous**

All temperatures are in degrees Fahrenheit

Child Care Weather Watch

Wind-Chill Factor Chart (in Fahrenheit)

| | | Wind Speed in mph | | | | | | | | |
|-----------------|-----|-------------------|-----|-----|-----|-----|-----|-----|-----|-----|
| | | Calm | 5 | 10 | 15 | 20 | 25 | 30 | 35 | 40 |
| Air Temperature | 40 | 40 | 36 | 34 | 32 | 30 | 29 | 28 | 28 | 27 |
| | 30 | 30 | 25 | 21 | 19 | 17 | 16 | 15 | 14 | 13 |
| | 20 | 20 | 13 | 9 | 6 | 4 | 3 | 1 | 0 | -1 |
| | 10 | 10 | -1 | -4 | -7 | -9 | -11 | -12 | -14 | -15 |
| | 0 | 0 | -11 | -16 | -19 | -22 | -24 | -26 | -27 | -29 |
| | -10 | -10 | -22 | -28 | -32 | -35 | -37 | -39 | -41 | -43 |
| | -20 | -20 | -34 | -41 | -45 | -48 | -51 | -53 | -55 | -57 |
| | -30 | -30 | -46 | -53 | -58 | -61 | -64 | -67 | -69 | -71 |



Comfortable for out door play



Caution




Danger

Heat Index Chart (in Fahrenheit %)

| | | Relative Humidity (Percent) | | | | | | | | | | | | |
|-----------------|-----|-----------------------------|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|-----|
| | | 40 | 45 | 50 | 55 | 60 | 65 | 70 | 75 | 80 | 85 | 90 | 95 | 100 |
| Temperature (F) | 80 | 80 | 80 | 81 | 81 | 82 | 82 | 83 | 84 | 84 | 85 | 86 | 86 | 87 |
| | 84 | 83 | 84 | 85 | 86 | 88 | 89 | 90 | 92 | 94 | 96 | 98 | 100 | 103 |
| | 90 | 91 | 93 | 95 | 97 | 100 | 103 | 106 | 109 | 113 | 117 | 122 | 127 | 132 |
| | 94 | 97 | 100 | 102 | 106 | 110 | 114 | 119 | 124 | 129 | 135 | | | |
| | 100 | 109 | 114 | 118 | 124 | 129 | 136 | | | | | | | |
| | 104 | 119 | 124 | 131 | 137 | | | | | | | | | |
| 110 | 136 | | | | | | | | | | | | | |


Child Care Weather Watch

Watching the weather is part of a child care provider's job. Planning for playtime, field trips, or weather safety is part of the daily routine. The changes in weather require the child care provider to monitor the health and safety of children. What clothing, beverages, and protections are appropriate? **Clothe** children to maintain a comfortable body temperature (warmer months - lightweight cotton, colder months - wear layers of clothing). **Beverages** help the body maintain a comfortable temperature. Water or fruit juices are best. Avoid high-sugar content beverages and soda pop. **Sunscreen** may be used year around. Use a sunscreen labeled as SPF-15 or higher. Read and follow all label instructions for the sunscreen product. Look for sunscreen with UVB and UVA ray protection. **Shaded** play areas protect children from the sun.

 Condition **GREEN** - Children may play outdoors and be comfortable. Watch for signs of children becoming uncomfortable while playing. Use precautions regarding clothing, sunscreen, and beverages for all child age groups.

INFANTS AND TODDLERS are unable to tell the child care provider if they are too hot or cold. Children become fussy when uncomfortable. Infants/toddlers will tolerate shorter periods of outdoor play. Dress infants/toddlers in lightweight cotton or cotton-like fabrics during the warmer months. In cooler or cold months dress infants in layers to keep them warm. Protect infants from the sun by limiting the amount of time outdoors and playing in shaded areas. Give beverages when playing outdoors.


YOUNG CHILDREN remind children to stop playing, drink a beverage, and apply more sunscreen. OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens). They may resist applying sunscreen and drinking beverages while outdoors.

 Condition **YELLOW** - use caution and closely observe the children for signs of being too hot or cold while outdoors. Clothing, sunscreen, and beverages are important. Shorten the length of outdoor time.

INFANTS AND TODDLERS use precautions outlined in Condition Green. Clothing, sunscreen, and beverages are important. Shorten the length of time for outdoor play.

YOUNG CHILDREN may insist they are not too hot or cold because they are enjoying playtime. Child care providers need to structure the length of time for outdoor play for the young child.

OLDER CHILDREN need a firm approach to wearing proper clothing for the weather (they may want to play without coats, hats or mittens), applying sunscreen and drinking liquids while playing outdoors.

 Condition **RED** - most children should not play outdoors due to the health risk.

INFANTS/TODDLERS should play indoors and have ample space for large motor play.

YOUNG CHILDREN may ask to play outside and do not understand the potential danger of weather conditions.

OLDER CHILDREN may play outdoors for very short periods of time if they are properly dressed, have plenty of fluids. Child care providers must be vigilant about maximum protection of children.

Understand the Weather

The weather forecast may be confusing unless you know the meaning of the words.

Blizzard Warning: There will be snow and strong winds that produce a blinding snow, deep drifts, and life threatening wind chills. Seek shelter immediately.

Heat Index Warning: How hot it feels to the body when the air temperature (in Fahrenheit) and relative humidity are combined.

Relative Humidity: The percent of moisture in the air.

Temperature: The temperature of the air in degrees Fahrenheit.

Wind: The speed of the wind in miles per hour.

Wind Chill Warning: There will be sub-zero temperatures with moderate to strong winds expected which may cause hypothermia and great danger to people, pets and livestock.

Winter Weather Advisory: Weather conditions may cause significant inconveniences and may be hazardous. If caution is exercised, these situations should not become life threatening.

Winter Storm Warning: Severe winter conditions have begun in your area.

Winter Storm Watch: Severe winter conditions, like heavy snow and ice are possible within the next day or two.

Asthma FAST FACTS for Kids

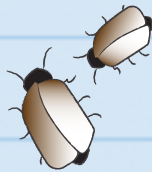
What is Asthma?

Asthma (az-ma) is when air can't get into your lungs and you have trouble breathing.

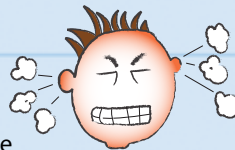
What causes an asthma attack?

An asthma attack is when you have trouble catching your breath. Many different asthma "triggers" can cause this to happen. Some common "triggers" are:

- Dust in your house
- Tobacco smoke
- Dirty air outside
- Cockroach droppings
- Pets
- Mold
- Hard exercise that makes you breathe really fast
- Some medicines
- Bad weather
- Some kinds of food



Things you are worried about can cause an asthma attack. Even getting really excited, or feeling very mad, sad, or scared can cause an asthma attack.



How is asthma treated?

Several different kinds of medicine help people with asthma. People who have asthma don't always take the same medicine.

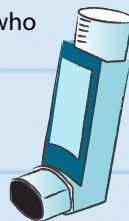
Some people use **INHALERS** to breathe in the asthma medicine. An **INHALER** is a little can of special air you squirt into your mouth and then breathe in.

Some people take pills to help them breathe better.

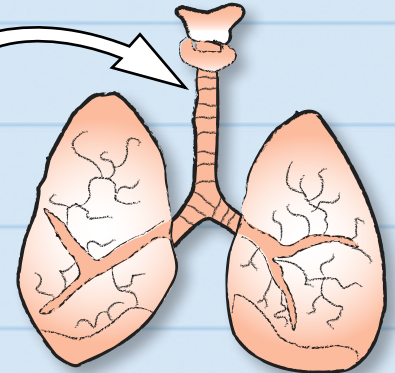
Some asthma medicine (mostly inhalers) is what you take when you need breathing help **RIGHT NOW!** You take this **QUICK HELP** medicine when you have an **ASTHMA ATTACK**.

Other asthma medicine you would just take every day to help you avoid having too many bad asthma attacks.

Even if you are not having trouble breathing, you need to take this **EVERYDAY** medicine. But this everyday medicine will **NOT** help if you have an asthma attack. When you have an asthma attack, you need to take your **QUICK HELP** medicine.



The tubes that take air to your lungs get too tight (like a pinched straw) and this makes it hard for you to breathe.



You CAN Control Your Asthma!

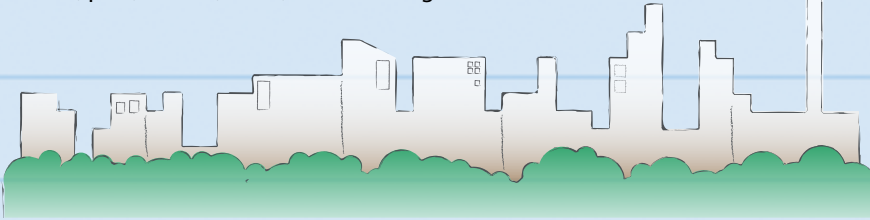
Your doctor's office can help you make a plan just for you to help you control your asthma. A good plan means that

- You won't have as many asthma attacks
- You won't wheeze and cough as much, or maybe not at all
- You will sleep better
- You won't miss school
- You can play sports and games outside and at school
- You won't have to go to the hospital!



Always Remember to ...

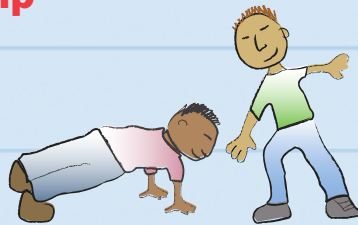
- Follow your doctor's orders
- Learn what **TRIGGERS** your asthma. Everyone is different and everyone has different triggers. What are your triggers—dirty air, cigarette smoke, pets, insects, mold, or something else?



- If you have been running or playing and feel out of breath, stop and take a break!
- Know the warning signs of an asthma attack
 - » Wheezing and coughing
 - » Breathing too hard and too fast
 - » A feeling of tightness in your chest
- Whenever you leave the house, always take your **QUICK HELP** inhaler with you!

When you exercise, you will help your asthma... IF you follow these tips

Go easy — start exercising slowly and finish your exercise with a cool-down.



Take a buddy — play or exercise with a friend.

Know your triggers — stay away from the things that can trigger your asthma.

Take breaks — they will help you catch your breath. And drink plenty of water.



Mix it up — do different activities, like inline skating one day and taking a long walk the next day.

Check air quality — exercise outside only when the air is clean. Before you exercise, check the weather on TV or on a computer to see how clean the air is.



In 2000, more than one quarter of the swimmers on the US Olympics team had asthma and used inhalers.



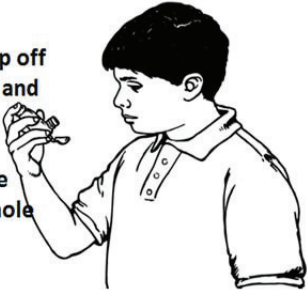









Asthma didn't hold them back and asthma shouldn't hold YOU back!!!

Note: The next update of this fact sheet is scheduled for June 2011. More recent information may be available at the CDC's Air Pollution and Respiratory Health Branch's Asthma Web site at <http://www.cdc.gov/asthma>.



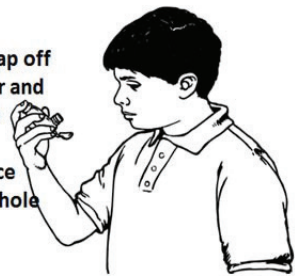




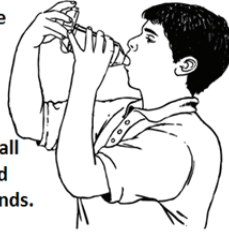
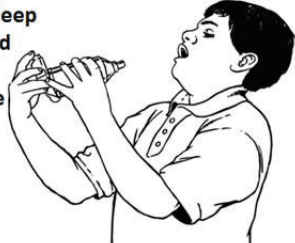



Know How to Use Your Asthma Inhaler

Using a metered dose inhaler (inhaler in mouth)

| | |
|--|--|
| <p>1</p> <p>Take the cap off the inhaler and make sure the mouthpiece and spray hole are clean.</p>  | <p>6</p> <p>Put the inhaler in your mouth, above your tongue, and between your teeth. Seal your lips around the inhaler.</p>  |
| <p>2</p> <p>Shake the inhaler 10-15 times.</p>  | <p>7</p> <p>Begin to breathe in slowly. Press down on the inhaler one time and keep breathing in.</p>  |
| <p>3</p> <p>Without the inhaler, take a breath and ...</p>  | <p>8</p> <p>Hold your breath for 5-10 seconds.</p>  |
| <p>4</p> <p>... breathe out all the way.</p>  | <p>9</p> <p>Open your mouth...</p>  |
| <p>5</p> <p>Hold the inhaler upright.</p>  | <p>10</p> <p>... and breathe out slowly.</p>  |

Know How to Use Your Asthma Inhaler

Using a metered dose inhaler with a spacer

| | |
|--|--|
| <p>1</p> <p>Take the cap off the inhaler and make sure the mouthpiece and spray hole are clean.</p>  | <p>6</p> <p>Put the mouthpiece of the spacer in your mouth and above your tongue.</p>  |
| <p>2</p> <p>Shake the inhaler 10-15 times.</p>  | <p>7</p> <p>Close your lips around the spacer.</p>  |
| <p>3</p> <p>Put the inhaler mouthpiece into the end of the spacer.</p>  | <p>8</p> <p>Tilt your head back slightly toward the ceiling. Press the top of the inhaler to spray one dose of medicine. Slowly breathe in all the air you can and hold for 5-10 seconds.</p>  |
| <p>4</p> <p>Inhale a deep breath and breathe out all the way.</p>  | <p>9</p> <p>Open your mouth...</p>  |
| <p>5</p> <p>Hold the inhaler and spacer between your index finger and thumb.</p>  | <p>10</p> <p>...and breathe out slowly.</p>  |

What are spacers?

A spacer is a plastic or metal tube that adds space (and volume) between the MDI and your mouth. The MDI aerosol is sprayed directly into the spacer where the mist is temporarily held.

A spacer:

- gives the speed of the mist time to slow down before it is breathed in
- increases the amount of medication delivered to the lungs
- helps people who have difficulty timing the pressing of the inhaler with their breathing-in (Table 7).

Once you press the MDI, you need to breathe in without delay. Waiting longer than 2–3 seconds can

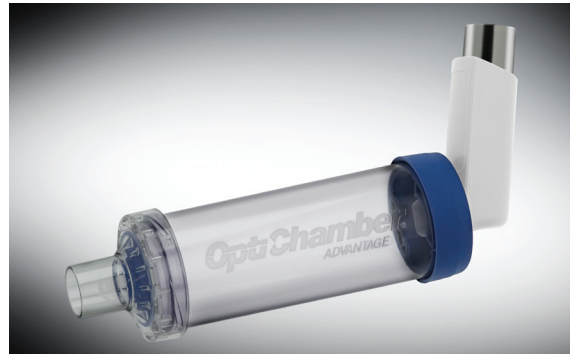


Figure 11. Example of a MDI attached to a spacer

decrease the amount of medication. Some spacers make a noise when you inhale too fast. If you hear the noise, breathe in more slowly next time. Remember, MDIs work best when you take a **slow, deep** breath.

Children may need to take about 6 breaths from the spacer to inhale all the medication from a single puff. This is most often delivered with a mask on the spacer. **Do not** remove the mask from the child's face until after 5-6 breaths.

Spacers can be purchased from a pharmacy or from your home care company. Figure 11 shows one example of a spacer.

Advantages and disadvantages of using spacers with MDIs



ADVANTAGES

- ✓ Less medication remains in the mouth and more medication goes to the air passages.
- ✓ Increases inhaled medication by 2–4 times than the MDI alone.
- ✓ Allows use of MDI when the patient is short of breath.
- ✓ Makes timing of MDI press and inhalation easy.



DISADVANTAGES

- ✓ Large, compared to the MDI alone.
- ✓ More expensive than a MDI alone.
- ✓ You may need to put it together.
- ✓ Patient makes the mistake of putting multiple puffs into chamber prior to inhaling or waiting too long between pressing and breathing in.
- ✓ Must be cleaned every week.

How do I use a spacer?

A problem with the use of a spacer is using it wrong. That can decrease medication delivery or, in some cases, cause the dose to be lost.

There are problems when giving an inhaled medication treatment to kids with a MDI. These include: bad mask fit, the spacer volume is too big, and crying. The proper way of giving the treatment must be followed, and Technique Box 3 shows that when using a spacer with a mouthpiece or mask.

How to give a treatment using a MDI with spacer

When using a spacer, you should:

1. Wash and dry your hands thoroughly.
2. If the canister is cold, warm the MDI canister in your hand.
3. Remove the MDI mouthpiece cover and make sure there are not any loose parts inside the mouthpiece.
4. Shake the MDI several times.
5. Prime the MDI into the air if it is new or has not been used for several days.
6. Attach the MDI to the spacer.
7. Keep the canister in an upright position.
8. Sit up straight or stand up.
9. Breathe out fully.
10. Follow the instructions below based on if a mouthpiece or mask is being used:

With the mouthpiece:

- Put the spacer mouthpiece between your lips. Keep your tongue flat under the mouthpiece so it does not block the opening, Seal your lips around the mouthpiece.
- Press the MDI and begin to breathe in slowly. If the device produces a noise, you are breathing in too fast. Breathe in more slowly if you hear the noise.
- Move the mouthpiece away from your mouth and hold your breath for 10 seconds or for as long as you can.

With the mask:

(Used primarily for kids or if the patient cannot use the mouthpiece)

- Place the mask completely over the nose and mouth and make sure it fits firmly against the face.
 - Hold the mask in place and press the MDI as the person begins to breathe in. If the device produces a noise, be aware that the person is breathing in too rapidly.
 - Hold the mask in place while the person takes 6 normal breaths (including breathing in and out) and remove the mask from the child's face.
11. Wait 30–60 seconds if another puff of medication is needed.
 12. Repeat the steps above until the prescribed number of puffs is reached.
 13. If taking a corticosteroid, you should rinse your mouth after the last puff of medicine and spit the water out. Do not swallow it.
 14. Put the mouthpiece cover back on the MDI after each use.

General instruction to receive the full dose from MDIs with a spacer

When using MDIs with a spacer, the following steps should be taken to receive the full dose of medication from the MDI when using the spacer. You should:

1. Assure that the MDI fits properly into the spacer.
2. Remove the cap from the MDI boot.
3. After use, clean and reassemble the MDI spacer according to the manufacturer's instructions.

Cleaning and maintenance of medication delivery devices

You can prevent aerosol medication delivery devices from becoming infected or malfunctioning by following the cleaning instructions for the different types of aerosol medication delivery devices given below:

Pressurized metered-dose inhalers (MDIs): The plastic container (holder or boot) of the MDI should be cleaned at least once a week as described in the directions .

Cleaning instructions for the MDI

Cleaning the MDI

Frequency of cleaning: Once a week and as needed.

Look at the hole where the medication sprays out from the inhaler.

Clean the inhaler if you see powder in or around the hole.

Remove the MDI canister from the plastic container so it does not get wet.

Rinse the plastic container with warm water and shake out to remove excess water.

Place it on a clean paper towel and dry it overnight.

Replace the canister back inside the MDI and recap the mouthpiece.

When a spacer is used with a MDI, it should be cleaned before first use and then periodically cleaned based on the manufacturer's suggestions.

Cleaning instructions for the MDI spacer and holding chamber

Cleaning the Chamber Device

Frequency of cleaning per manufacturer's recommendation and as needed.

Take apart the device for cleaning.

Soak the spacer parts in warm water with liquid dish soap and gently shake both pieces back and forth.

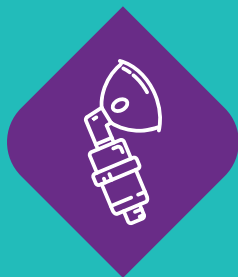
Rinse with warm water.

Shake to remove excess water.

Air dry the spacer parts in an upright position overnight.

Do not towel dry the spacer.

Reassemble the spacer when it is completely dry.



NEBULIZERS

for the Treatment of Asthma



WHAT IS A NEBULIZER?

A nebulizer machine, or “breathing machine,” turns liquid asthma medicine into a mist. You then breathe in the medicine through a mask or mouthpiece. If your provider recommends that you use a nebulizer, it is important to know what your options are and how they work.

WHAT ARE THE DIFFERENT TYPES OF NEBULIZERS?

Nebulizers come in different models. A tabletop nebulizer is a larger model that needs to be plugged into an electrical outlet. A tabletop model is a good at-home option. Portable or handheld nebulizers run on batteries, and some can be plugged into a car outlet. Portable nebulizers fit into purses and backpacks and can be used anywhere.

WHAT ARE THE BENEFITS OF USING A NEBULIZER?

Nebulizers may be easier to use than some asthma inhalers. Inhalers come in many shapes and sizes. Each inhaler must be held and inhaled correctly. If the inhaler is not primed and breathed in the right way, all the medicine will not get into the lungs.

You do not need to prime a nebulizer or time when you inhale, like with an inhaler. Once the nebulizer is set up and ready to use, simply breathe in and out slowly. The soft mist will get deep into your lungs where it is needed most.

HOW CAN I GET A NEBULIZER AND NEBULIZED MEDICINES?

A doctor can prescribe a nebulizer and the liquid medicine that goes into the nebulizer. If prescribed, your insurance company may cover the cost. You can order your nebulizer, tubing, and medicine cups (called a nebulizer kit) from a pharmacy or a durable medical equipment (DME) company. Nebulizers purchased without a prescription (online) may not meet the Food and Drug Administrations (FDA) standards. Work with your doctor and insurance company to find the nebulizer model that is covered by insurance and will work best for you. Most nebulizers will have parts that need to be replaced over time per the manufacturer’s instructions. Work with your insurance company to get replacement parts.

Make sure your Asthma Action Plan states when and how to use your nebulizer. To learn more about asthma medicines, visit aafa.org/asthma-treatment.

Always clean your nebulizer after each use. Follow the cleaning instructions that came with your nebulizer. It will keep your nebulizer working well. It will also help prevent infections.

HOW DO I USE MY NEBULIZER?

- 1 Wash your hands with soap and warm water.
- 2 Connect the parts of the nebulizer machine according to the manufacturer's directions. Make sure the tubing and mouthpiece or mask are tightly connected.
- 3 Pour the nebulizer solution as prescribed into the nebulizer's medicine cup. Tighten the cap over the cup.
- 4 Place the mouthpiece in your mouth between your teeth and above your tongue and create a tight seal with your lips. If you use a mask, make sure you have a tight fit over your nose and mouth. Turn the machine on.
- 5 As the mist starts, breathe in slowly for 3 to 5 seconds. Continue until the mist stops or until there is not medicine left in the cup.
- 6 Turn off the machine. Rinse your mouth with water and spit it out.
- 7 Clean and dry the medicine cup and mouthpiece or mask.

HOW DO I CLEAN MY NEBULIZER?

- 1 Wash your hands with soap and warm water.
- 2 Take the nebulizer kit apart. Remove the mouthpiece or mask. Disconnect the tubing from the nebulizer and the medicine cup.
- 3 Hold the medicine cup and gently twist the top to the left to remove it.
- 4 Discard remaining medicine in the medication cup. Use fresh medicine each time you use the nebulizer.
- 5 Rinse all the parts (except the tubing) with hot tap water.
- 6 Air dry in a clean environment or hand dry using a soft, clean, lint-free cloth.
- 7 Store the nebulizer kit in a dry bag or clean container to keep them clean and free of dust and germs.

Hand-held nebulizers (also called mesh nebulizers) do not use tubing. Follow the directions that came with the nebulizer to use and clean it correctly.



To make sure you are using your nebulizer correctly, consider practicing in front of your doctor. Or take a video and bring it to your next appointment.

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

| | | |
|-------------------------------------|---|-------------------------------|
| 1. CHILD'S NAME (First Middle Last) | 2. DATE OF BIRTH (mm/dd/yyyy) ___/___/___ | 3. Child's picture (optional) |
|-------------------------------------|---|-------------------------------|

Section I. ASTHMA ACTION PLAN – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER

4. ASTHMA SEVERITY: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent Exercise Induced Peak Flow Best ___%

5. ASTHMA TRIGGERS (check all that apply): Colds URI Seasonal Allergies Pollen Exercise Animals Dust Smoke Food Weather Other _____

6. This authorization is **NOT TO EXCEED 1 YEAR FROM** ___/___/___ **TO** ___/___/___ **FOR ASTHMA MEDICATION ONLY – THIS FORM IS USED WITHOUT OCC 1216**

7. SCHOOL AGE ONLY: OK to Self-Carry/Self Administer Yes No

GREEN ZONE - DOING WELL: Long Term Control Medication- Use Daily At Home unless otherwise indicated

| The Child has ALL of these | Medication Name & Strength | Dose | Route | Time & Frequency | Special Instructions |
|---|----------------------------|------|-------|------------------|----------------------|
| <input type="checkbox"/> Breathing is good <input type="checkbox"/> No cough or wheeze <input type="checkbox"/> Can walk, exercise, & play <input type="checkbox"/> Can sleep all night If known, peak flow greater than _____ (80% personal best) | | | | | |

Exercise Zone CALL 911 CALL PARENT OTHER: _____

| The Child has ANY of these | Medication Name & Strength | Dose | Route | Time & Frequency | Special Instructions |
|---|----------------------------|------|-------|------------------|----------------------|
| <input type="checkbox"/> Prior to all exercise/sports <input type="checkbox"/> When the child feels they need it | | | | | |

YELLOW ZONE - GETTING WORSE CALL 911 CALL PARENT OTHER: _____

| The Child has ANY of these | Medication Name & Strength | Dose | Route | Time & Frequency | Special Instructions |
|--|----------------------------|------|-------|------------------|----------------------|
| <input type="checkbox"/> Some problems breathing <input type="checkbox"/> Wheezing, noisy breathing <input type="checkbox"/> Tight chest <input type="checkbox"/> Cough or cold symptoms <input type="checkbox"/> Shortness of breath <input type="checkbox"/> Other: _____ If known, peak flow between _____ and _____ (50% to 79% personal best) | | | | | |

RED ZONE - MEDICAL ALERT/DANGER CALL 911 CALL PARENT OTHER: _____

| The Child has ANY of these | Medication Name & Strength | Dose | Route | Time & Frequency | Special Instructions |
|---|----------------------------|------|-------|------------------|----------------------|
| <input type="checkbox"/> Breathing hard and fast <input type="checkbox"/> Lips or fingernails are blue <input type="checkbox"/> Trouble walking or talking <input type="checkbox"/> Medicine is not helping (15-20 mins?) <input type="checkbox"/> Other: _____ If known, peak flow below _____ (0% to 49% personal best) | | | | | |

ASTHMA ACTION PLAN AND MEDICATION ADMINISTRATION AUTHORIZATION FORM

| | |
|----------------------------------|---|
| CHILD'S NAME (First Middle Last) | DATE OF BIRTH (mm/dd/yyyy) ____/____/____ |
|----------------------------------|---|

Section II. PRESCRIBER'S AUTHORIZATION – MUST BE COMPLETED BY THE HEALTH CARE PROVIDER

| | | | |
|---|-------|------------------|-----------------------|
| 8. PRESCRIBER'S NAME/TITLE | | Place Stamp Here | |
| TELEPHONE | FAX | | |
| ADDRESS | | | |
| CITY | STATE | | |
| 9a. PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) | | | 9b. DATE (mm/dd/yyyy) |

Section III. PARENT/GUARDIAN AUTHORIZATION – MUST BE COMPLETED BY THE PARENT/GUARDIAN

I authorize the childcare staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize childcare staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18; the childcare program may revoke the child's authorization to self-carry/self-administer medication.

School Age Child Only: OK to Self-Carry/Self -Administer Yes No

| | | |
|--------------------------------|------------------------|---|
| 10a. PARENT/GUARDIAN SIGNATURE | 10b. DATE (mm/dd/yyyy) | 10c. INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION |
| 10d. CELL PHONE # | 10e. HOME PHONE # | 10f. WORK PHONE # |
| Emergency Contact(s) | Name/Relationship | Phone Number to be used in case of Emergency |
| Parent/Guardian 1 | | |
| Parent/Guardian 2 | | |
| Emergency 1 | | |
| Emergency 2 | | |

Section IV. CHILD CARE STAFF USE ONLY – MUST BE COMPLETED BY THE CHILD CARE PROGRAM

| | |
|------------------------------|--|
| Child Care Responsibilities: | 1. Medication named above was received Expiration date _____ <input type="checkbox"/> Yes <input type="checkbox"/> No 2. Medication labeled as required by COMAR <input type="checkbox"/> Yes <input type="checkbox"/> No 3. OCC 1214 Emergency Form updated <input type="checkbox"/> Yes <input type="checkbox"/> No 4. OCC 1215 Health Inventory updated <input type="checkbox"/> Yes <input type="checkbox"/> No 5. Modified Diet/Exercise Plan <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 6. Individualized Treatment/Care Plan: Medical/Behavioral/IEP/IFSP <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A 7. Staff approved to administer medication is available onsite, field trips <input type="checkbox"/> Yes <input type="checkbox"/> No |
|------------------------------|--|

| | |
|---|-------------------|
| Reviewed by (printed name and signature): | DATE (mm/dd/yyyy) |
|---|-------------------|

Stop the Spread of COVID-19



GET A VACCINE.



STAY HOME IF YOU'RE SICK.



STAY 6 FEET APART, if possible.



WEAR A MASK.



WASH YOUR HANDS often with soap and water for 20 seconds.



USE HAND SANITIZER with at least 60% ethyl alcohol or 70% isopropyl alcohol when handwashing is not available.



Asthma and Allergy Foundation of America

aafa.org/covid19

IS IT COVID-19, THE FLU, A COLD, ALLERGIES OR ASTHMA?

| Symptoms | Coronavirus [†] (COVID-19) Symptoms range from mild to severe | Cold Gradual onset of symptoms | Flu Abrupt onset of symptoms | Seasonal Allergies Abrupt onset of symptoms | Asthma Gradual or abrupt onset of symptoms |
|-------------------------------|---|-----------------------------------|---------------------------------|--|--|
| Length of symptoms | 7-25 days | Less than 14 days | 7-14 days | Several weeks | Can start quickly or last for hours or longer* |
| Cough | Common (usually dry) | Common (mild) | Common (usually dry) | Rare (usually dry unless it triggers asthma) | Common (can be dry or wet/productive) |
| Wheezing | No | No** | No** | No** | Common |
| Shortness of breath | Sometimes | No** | No** | No** | Common |
| Chest tightness/pain | Sometimes | No** | No** | No** | Common |
| Rapid breathing | Sometimes | No** | No** | No** | Common |
| Sneezing | No | Common | No | Common | No*** |
| Runny or stuffy nose | Rare | Common | Sometimes | Common | No*** |
| Sore throat | Sometimes | Common | Sometimes | Sometimes (usually mild) | No*** |
| Fever | Common | Short fever period | Common | No | No |
| Feeling tired and weak | Sometimes | Sometimes | Common | Sometimes | Sometimes |
| Headaches | Sometimes | Rare | Common | Sometimes (related to sinus pain) | Rare |
| Body aches and pains | Sometimes | Common | Common | No | No |
| Diarrhea, nausea and vomiting | Sometimes | Rare | Sometimes | No | No |
| Chills | Sometimes | No | Sometimes | No | No |
| Loss of taste or smell | Sometimes | Rare | Rare | Rare | No |

Your symptoms may vary. †Information is still evolving. Many people may not have symptoms. *If your quick-relief medicine is not helping your asthma symptoms, or if you are in the Red Zone on your Asthma Action Plan, call your health care provider or seek medical attention immediately. **Allergies, colds and flus can all trigger asthma which can lead to shortness of breath, chest tightness/pain and rapid breathing. COVID-19 is the only one associated with shortness of breath on its own. ***If you have allergic asthma, you may have symptoms of both asthma and allergies at the same time.

Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention. edited 4/1/21 • aafa.org/covid19

Detener la propagación del COVID-19



CONSIGUE UNA VACUNA.



QUÉDESE EN SU CASA SI ESTÁ ENFERMO.



Si es posible, **MANTENGA UNA DISTANCIA DE AL MENOS 6 PIES (2 METROS) DE OTROS.**



CUBRÁSE LA BOCA Y LA NARIZ CON UNA MASCARILLA DE TELA.



LÁVESE LAS MANOS con frecuencia y con agua y jabón durante 20 segundos.



USE GEL DESINFECTANTE por lo menos 60% alcohol etílico o 70% alcohol isopropílico si no pueda lavarse las manos.



Asthma and Allergy Foundation of America

aafa.org/covid19

¿PUEDE SER EL COVID-19, LA GRIPE, UN RESFRIADO, ALERGIAS O ASMA?

| Síntomas | Coronavirus [†] (COVID-19) Los síntomas varían de leves a graves. | Resfriado Inicio gradual de los síntomas | Gripe Inicio abrupto de los síntomas | Alergias temporales Inicio abrupto de los síntomas | Asma Inicio gradual o abrupto de los síntomas |
|--|---|---|---|---|--|
| Duración de los síntomas | 7-25 días | Menos de 14 días | 7-14 días | Varias semanas | Los síntomas pueden aparecer rápidamente o durar horas o más.* |
| Tos | Frecuente (normalmente seca) | Frecuente (leve) | Frecuente (normalmente seca) | Raro (normalmente seca a menos que desencadene asma) | Común (puede ser una tos seca o productiva) |
| Sibilancia | No | No** | No** | No** | Común |
| Falta de aire | A veces | No** | No** | No** | Común |
| Dolor/presión en el pecho | A veces | No** | No** | No** | Común |
| Respiración rápida | A veces | No** | No** | No** | Común |
| Estornudos | No | Frecuente | No | Frecuente | No*** |
| Congestión o goteo nasal | Raro | Frecuente | A veces | Frecuente | No*** |
| Dolor de garganta | A veces | Frecuente | A veces | A veces (normalmente leve) | No*** |
| Fiebre | Frecuente | Corto período de fiebre | Frecuente | No | No |
| Fatiga o debilidad | A veces | A veces | Frecuente | A veces | A veces |
| Dolor de cabeza | A veces | Raro | Frecuente | A veces (relacionado con dolor sinusal) | Raro |
| Dolor corporal | A veces | Frecuente | Frecuente | No | No |
| Diarrhea, náusea y vómitos | A veces | Raro | A veces | No | No |
| Escalofríos | A veces | No | A veces | No | No |
| Pérdida del sentido del gusto u olfato | A veces | Raro | Raro | Raro | No |

Sus síntomas pueden variar. †La información sigue evolucionando. Muchas personas pueden contagiarse sin mostrar síntomas. *Si su medicamento de alivio rápido no mejora sus síntomas de asma, o si Ud. está en la Zona Roja en su Plan de Acción para el Asma, llame a su proveedor de atención médica o busque atención médica de inmediato. **Las alergias, los resfriados y la gripe pueden desencadenar asma, lo cual puede provocar falta de aire, dolor o presión en el pecho y respiración rápida. El COVID-19 es la única enfermedad en esta lista que por sí sola puede provocar la falta de aire. ***Si Ud. tiene asma alérgica, puede tener síntomas de asma y alergias a la misma vez.

Fuentes: Asthma & Allergy Foundation of America, World Health Organization, Centers for Disease Control & Prevention. edited 4/1/21 • aafa.org/covid19

Anaphylaxis: Severe Allergic Reactions



Nearly one in 50 Americans are at risk for anaphylaxis

Some children are allergic to certain foods, medicines, insects and latex. When they come into contact with these things they develop symptoms, such as hives and shortness of breath. This is known as an **allergic reaction**. Things that cause an allergic reaction are called **allergens**. Take all allergic symptoms seriously because both mild and severe symptoms can lead to a serious allergic reaction called **anaphylaxis** (anna-fih-LACK-sis).

Be Aware of Symptoms of Anaphylaxis

The symptoms of anaphylaxis may occur shortly after having contact with an allergen and can get worse quickly.

You can't predict how your child will react to a certain allergen from one time to the next. Both the types of symptoms and how serious they are can change. So, it's important for you to be prepared for all allergic reactions, especially anaphylaxis. **Anaphylaxis must be treated right away to provide the best chance for improvement and prevent serious, potentially life-threatening complications.**

Symptoms of anaphylaxis usually involve more than one part of the body such as the skin, mouth, eyes, lungs, heart, gut, and brain. Some symptoms include:

- Skin rashes and itching and hives
- Swelling of the lips, tongue or throat
- Shortness of breath, trouble breathing, wheezing (whistling sound during breathing)
- Dizziness and/or fainting
- Stomach pain, vomiting or diarrhea
- Feeling like something awful is about to happen

Your child's doctor will give you a complete list of symptoms.

Be Prepared for Anaphylaxis

Keep an Emergency Plan with You

You, your child, and others who supervise or care for your child need to recognize the signs and symptoms of anaphylaxis and how to treat it. Your child's doctor will give you a written step-by-step plan on what to do in an emergency. The plan is called an allergy emergency care plan or anaphylaxis emergency action plan. To be prepared, you, your child, and others who care for your child need to have copies of this plan.

About Epinephrine

Epinephrine is the medicine used to treat anaphylaxis. The emergency action plan tells you when and how to give epinephrine. You cannot rely on antihistamines to treat anaphylaxis.

Know How to Use Epinephrine

Learn how to give your child epinephrine. Epinephrine is safe and comes in an easy-to-use device called an auto-injector. When you press it against your child's outer thigh, it injects a single dose of medicine. Your child's health care team will show you how to use it. You, in turn, can teach people who spend time with your child how to use it.

Always have two epinephrine auto-injectors near your child. Do not store epinephrine in your car or other places where it will get too hot or too cold. Discard if the liquid is not clear, and replace it when it expires.

PROUDLY BROUGHT TO YOU BY



For more detailed information and a list of resources, please visit KidsWithFoodAllergies.org.
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Rev. February 2017



Common Causes of Anaphylaxis

Foods. The most common food allergies are eggs, milk, peanuts, tree nuts, soy, wheat, fish and shellfish. The most common food allergies in infants and children are eggs, milk, peanuts, tree nuts, soy and wheat.

Insect stings from bees, wasps, yellow jackets and fire ants.

Latex found in things such as balloons, rubber bands, hospital gloves.

Medicines, especially penicillin, sulfa drugs, insulin and nonsteroidal anti-inflammatory drugs (NSAIDs) such as aspirin and ibuprofen.

Know How to Treat Anaphylaxis

- 1 Follow the steps in your child's emergency care plan** to give your child epinephrine right away. This can save your child's life.
- 2 After giving epinephrine, always call 911** or a local ambulance service. Tell them that your child is having a serious allergic reaction and may need more epinephrine.
- 3 Your child needs to be taken to a hospital by ambulance.** Medical staff will watch your child closely for further reactions and treat him or her with additional medicine if symptoms recur.

After Anaphylaxis

- Sometimes, a reaction is followed by a second, more severe, reaction known as a **biphasic reaction**. This second reaction can occur within 4 to 8 hours of the first reaction or even later. That's why people should be watched in the emergency room for several hours after anaphylaxis.
- Make a follow up appointment or an appointment with an allergy specialist to further diagnose and treat the allergy.

FOR MORE INFORMATION

For more information about how to avoid allergens and to be prepared to treat them, please visit:

KidsWithFoodAllergies.org | AAFA.org

Take Steps to Avoid Anaphylaxis

The only way to avoid anaphylaxis is for your child to stay away from allergens. Teach your child about his or her allergy in an age-appropriate way. Teach your child to tell an adult about a reaction, how to avoid allergens and how and when to use an epinephrine auto-injector.

Here are some first steps you can take for each type of allergy:

Food. Learn how to read food labels and avoid cross-contact. Read the label every time you buy a product, even if you've used it before. Ingredients in any given product may change.

Insect allergies. Wear closed-toe shoes and insect repellent when outdoors. Avoid loose-fitting clothing that can trap an insect between the clothing and the skin.

Medicine allergies. Tell your doctor about medicines your child is allergic to. Know both the generic and brand names of the medicines.

Latex allergies. Tell your doctors, dentists and other health care providers about your child's latex allergy. Ask them to put a note in your child's medical chart about your child's allergy. Also remind them of the allergy before any medical procedure or test.

For all allergies:

Educate family, friends, the school and others who will be with your child about your child's allergies. They can help your child avoid allergens and assist if anaphylaxis occurs.

PROUDLY BROUGHT TO YOU BY



For more detailed information and a list of resources, please visit KidsWithFoodAllergies.org.

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Rev. February 2017



**Allergy and Anaphylaxis
Medication Administration Authorization Plan**

Place Child's Picture Here (optional)

This form must be completed fully in order for Child Care Providers/staff to administer the required medication and follow the plan. **This authorization is NOT TO EXCEED 1 YEAR.**
Page 1 to be completed by the Authorized Health Care Provider.
FOR ALLERGY AND ANAPHYLAXIS MEDICATION ONLY - THIS FORM REPLACES OCC 1216

CHILD'S NAME: _____ Date of Birth: ____/____/____ **Date of plan:** _____
 Child has **Allergy** to _____ Ingestion/Mouth Inhalation Skin Contact Sting Other _____
 Child has had anaphylaxis: Yes No
 Child has asthma: Yes No (If yes, higher chance severe reaction) Child
 may self-carry medication: Yes No
 Child may self-administer medication: Yes No

| Allergy and Anaphylaxis Symptoms | Treatment Order | |
|---|--|--|
| If child has ingested a food allergen, been stung by a bee or exposed to an allergy trigger | Antihistamine :Oral /By Mouth <input type="checkbox"/> Call Parent <input type="checkbox"/> Call 911 | Epinephrine(EpiPen) IM Injection in Thigh <input type="checkbox"/> Call 911 <input type="checkbox"/> Call Parent |
| is Not exhibiting or complaining of any symptoms, OR | | |
| Exhibits or complains of any symptoms below: | | |
| Mouth: itching, tingling, swelling of lips, tongue ("mouth feels funny") | | |
| Skin: hives, itchy rash, swelling of the face or extremities | | |
| Throat*: difficulty swallowing ("choking feeling"), hoarseness, hacking cough | | |
| Lung*: shortness of breath, repetitive coughing, wheezing | | |
| Heart*: weak or fast pulse, low blood pressure, fainting, pale, blueness | | |
| Gut: nausea, abdominal cramps, vomiting, diarrhea | | |
| Other: | | |
| If reaction is progressing (several of the above areas affected) | | |

Potentially life threatening. The severity of symptoms can quickly change

| Medication | Medication: Brand and Strength | Dose | Route | Frequency |
|---------------------|--------------------------------|------|-------|-----------|
| Epinephrine(EpiPen) | | | | |
| Antihistamine | | | | |
| Other: | | | | |

EMERGENCY Response:

- 1) Inject epinephrine right away! Note time when epinephrine was administered.**
- 2) Call 911:** Ask for ambulance with epinephrine. Advise rescue squad when epinephrine was given. Stay with child.
- 3) Call parents.** Advise parent of the time that epinephrine was given and 911 was called.
- 4) Keep child lying on his/her back.** If the child vomits or has trouble breathing, place child on his/her side.
- 5) Give other medicine, if prescribed.**

| | | |
|---|-----|--------------------------|
| PRESCRIBER'S NAME/TITLE | | Place stamp here |
| TELEPHONE | FAX | |
| ADDRESS | | |
| PRESCRIBER'S SIGNATURE (Parent/guardian cannot sign here) (original signature or signature stamp only) | | DATE (mm/dd/yyyy) |

Maryland State Department of Education
Office of Child Care
Allergy and Anaphylaxis
Medication Administration Authorization Plan

Child's Name: _____ Date of Birth: _____

| PARENT/GUARDIAN AUTHORIZATION | | | |
|--|---|--|--|
| <p>I request the authorized child care staff to administer the medication or to supervise the child in self-administration as prescribed above. I certify that I have legal authority to consent to medical treatment for the child named above, including the administration of medication at the facility. I understand that at the end of the authorized period an authorized individual must pick up the medication; otherwise, it will be discarded. I authorize child care staff and the authorized prescriber indicated on this form to communicate in compliance with HIPAA. I understand that per COMAR 13A.15, 13A.16, 13A.17, and 13A.18, the child care program may revoke the child's authorization to self-carry/self-administer medication.</p> | | | |
| PARENT/GUARDIAN SIGNATURE | | DATE (mm/dd/yyyy) | INDIVIDUALS AUTHORIZED TO PICK UP MEDICATION |
| CELL PHONE # | HOME PHONE # | WORK PHONE # | |
| Emergency Contact(s) | Name/Relationship | Phone Number to be used in case of Emergency | |
| Parent/Guardian 1 | | | |
| Parent/Guardian 2 | | | |
| Emergency 1 | | | |
| Emergency 2 | | | |
| Section IV. CHILD CARE STAFF USE ONLY | | | |
| Child Care Responsibilities: | 1. Medication named above was received 2. Medication labeled as required by COMAR 3. OCC 1214 Emergency Card updated 4. OCC 1215 Health Inventory updated 5. Modified Diet/Exercise Plan 6. Individualized Plan: IEP/IFSP 7. Staff approved to administer medication is available onsite, field trips | <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> N/A <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Reviewed by (printed name and signature): | | | DATE (mm/dd/yyyy) |

DOCUMENT MEDICATION ADMINISTRATION HERE

| DATE | TIME | MEDICATION | DOSAGE | ROUTE | REACTIONS OBSERVED (IF ANY) | SIGNATURE |
|------|------|------------|--------|-------|-----------------------------|-----------|
| | | | | | | |
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Caring for Children with Asthma During the COVID-19 Pandemic



As Head Start and Early Head Start staff, you may care for children with asthma. The practices you have been following to minimize the spread of COVID-19 and other infectious diseases will help keep all children safe, but you may have some questions about how to support children with asthma during the pandemic. Use these tips to help children with asthma participate safely in program activities.

Follow COVID-19 protocols.

Wearing masks, washing hands, cleaning surfaces, and providing well-ventilated spaces with good air quality create healthy environments for everyone. Asthma symptoms may be triggered by colds and other illnesses, such as COVID-19. Reducing germs promotes good health for children with asthma. In addition, masks help filter allergens from the air that may trigger asthma.

Eliminate asthma triggers.

Cleaning products can trigger an asthma attack. Safety protocols during the pandemic include more frequent routine cleaning, especially high-touch surfaces. Choose products for cleaning, sanitizing, and disinfecting that are fragrance-free and don't contain chemicals that may irritate children's airways. Prepare and use cleaning, sanitizing, and disinfecting products according to product labels. While using cleaning products, keep children away and ensure good ventilation.



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Promote healthy indoor air, and increase time outside when air quality is safe.

Good air quality supports the health of children with asthma. Programs can work with a heating, ventilation, and air conditioning (HVAC) expert to reduce the number of virus particles indoors by increasing ventilation, or the amount of fresh air brought indoors. Ensuring the HVAC system is in good working order, maximizing fresh air, and cleaning filters help improve indoor air quality. Some programs may also choose open windows and doors to bring in more fresh air. Consider the use of portable air filtering devices to clean the air in classrooms or family child care homes. Simple machines with a HEPA filter are the gold standard when used according to manufacturer’s instructions.

Spending time outside reduces the risk of exposure to COVID-19 but may trigger an asthma flare-up due to allergens, such as pollution or pollen. Check the air quality index daily and avoid going outdoors on high-risk days. Make sure rescue inhalers are accessible during outdoor time.

Develop and maintain up-to-date asthma action plans.

Asthma is different for each child, so it’s important to know each child’s triggers, symptoms, and treatment plan. Ensure that all staff members and substitutes who interact with a child with asthma understand the child’s plan. It is critical they all know what symptoms

to look for and how to manage them, including how to administer medications. Check the expiration dates of medications and orders regularly.

Asthma treatments using inhalers with spacers (with face mask for young children) are preferred over nebulizer treatments. Studies show that rescue inhalers and spacers are just as effective as nebulizers in treating asthma symptoms in young children. You may need to work with families and health care providers to update asthma action plans and to ensure the child and staff are comfortable using the inhaler and spacer to manage any symptoms.

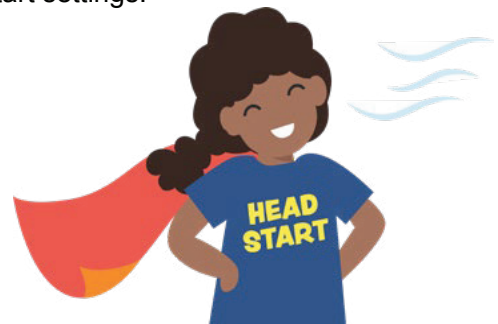
Children with disabilities may have increased asthma risks, so it is important to monitor their plans and work closely with families and service providers to promptly address concerns and update children’s individualization plans when needed.

Communicate regularly with children’s families and health care providers.

Communication with families and health care providers may be more difficult because of COVID-19, but it is just as important as before. Help families find health care providers, if needed, and help them ask medical questions. Studies show that remote health care visits increase asthma follow-up care and improve asthma outcomes. Together with families, you can support ongoing health care visits and their efforts to manage their child’s asthma effectively whether at the program or at home.

Conclusion

Head Start programs have effective strategies to help children with asthma avoid unnecessary exposure to germs and other triggers that can make them sick. By implementing health policies and procedures, COVID-19 protocols, and up-to-date asthma action plans, you can help children with asthma continue to learn and thrive in all Head Start settings.



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1-888-227-5125
health@ecetta.info
<https://eclkc.ohs.acf.hhs.gov/health>

MSDE Office of Child Care: Check List for Asthma , Allergy , & Anaphylaxis Prevention and Management

| Check List for Asthma , Allergy , & Anaphylaxis Prevention and Management in Early Education Programs | check all section | |
|---|-------------------|----|
| | Yes | No |
| Sun Safety Including Sunscreen CFOC :3.4.5.1 COMAR 13A.16.10, .04, COMAR 13A.15.11 Health .04 | | |
| Caregivers/teachers ensure sun safety for themselves and children under their supervision by | | |
| a. keeping infants younger than six months out of direct sunlight | | |
| b. limiting sun exposure when ultraviolet rays are strongest | | |
| c. applying sunscreen with written permission of parents/guardians | | |
| d. Does not use aerosol sunscreen or sunscreen mixed with bug spray | | |
| e. Sunscreen manufacturer instructions are followed | | |
| f. Follows Child Care Weather chart for outdoor activities | | |
| Medication Administration and Storage CFOC: 3.6.3.1& 2/COMAR 13A.16.10.04COMAR 13A.15.11 .04 | | |
| a. Prescription or non-prescription medication (over-the counter) ordered by the prescribing health professional for a specific child with written permission of the parent/ guardian. Prescription medication is labeled with <ul style="list-style-type: none"> • the child’s name; • date the prescription was filled; • name and contact information of the prescribing health professional; • expiration date; • medical need; • instructions for administration, storage and disposal; • and name and strength of the medication. | | |
| b. Labeled medications (over-the-counter) brought to the early care and education facility by the parent/guardian in the original container. The label should include: <ul style="list-style-type: none"> • the child’s name; • dosage; • relevant warnings as well as specific; • and legible instructions for administration, storage; • and disposal | | |
| Programs never administer a medication that is prescribed for one child to another child. | | |
| Programs document that the medicine/ agent was administered to the child as prescribed. | | |
| Medication is not used beyond the date of expiration. Unused medications are returned to the parent/guardian for disposal. | | |
| All medications, refrigerated or unrefrigerated, have child-resistant caps, are stored away from food at the proper temperature, and are inaccessible to children. | | |
| Training for Caregivers/Teachers to Administer Medication CFOC 3.6.3.3 COMAR 13A.16.10, .04 Medication Administration and Storage. COMAR 13A.15.11Health.04 | | |
| a. Any caregiver/teacher who administers medication has completed a standardized training course that includes skill and competency assessment in medication administration | | |
| b. The course is repeated according to state and/or local regulation and taught by a trained professional. Skill and competency are monitored whenever an administration error occurs. | | |
| c. Washes hands before and after giving medication or applying a medical ointment or cream in which a break in the skin (e.g., sores, cuts, or scrapes) may be encountered | | |

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| Care for Children with Food Allergies CFOC 4.2.0.10 COMAR 13A.16.08, 01,02 | | |
| Each child with a food allergy has a written care plan that includes: <ul style="list-style-type: none"> a. Instructions regarding the food(s) to which the child is allergic and steps to be taken to avoid that food; b. A detailed treatment plan to be implemented in the event of an allergic reaction, including the names, doses, and methods of prompt administration of any medications. The plan includes specific symptoms that would indicate the need to administer one or more medications | | |
| Based on the child’s care plan and prior to caring for the child, caregivers/ teachers should receive training for, demonstrate competence in, and implement measures for: <ul style="list-style-type: none"> a. Preventing exposure to the specific food(s) to which the child is allergic; b. Recognizing the symptoms of an allergic reaction; c. Treating allergic reactions. | | |
| On field trips or transport out of the early care and education setting, caregivers/ teachers carry: <ul style="list-style-type: none"> a. the written child care plan b. a mobile phone c. the proper medications for appropriate treatment if a child develops an acute allergic reaction. | | |
| The program notifies the parents/guardians immediately of any suspected allergic reactions, as well as the ingestion of or contact with the problem food, even if a reaction did not occur | | |
| The program contacts the emergency medical services system immediately whenever epinephrine has been administered. | | |
| Each child’s food allergies are posted prominently in the classroom and/or wherever food is served, with permission of the parent/guardian. | | |
| Care for Children with Asthma & Allergies and the Child Care Environment | | |
| Avoiding or Controlling Allergens Dust mite COMAR 13A.16.05. | | |
| Surfaces /furniture/window shades are wiped with a damp 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.) | | |
| Children's bed linens, personal blankets and toys, are washed weekly in hot water. | | |
| 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 COMAR 13A.16.05. | | |
| 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). | | |
| Indoor houseplants and foam pillows, which can develop mold growth, are not used | | |
| Outdoor pollen and mold spores COMAR 13A.16.05. | | |
| 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 | | |
| Latex: (products made with natural rubber | | |

MSDE Office of Child Care:Check List for Asthma , Allergy , & Anaphylaxis Prevention and Management

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| Avoid latex gloves. If gloves are used, only non-powdered, non-latex gloves. | | |
| Avoid latex balloons, pacifiers, koosh balls and other latex products (if child or staff member has latex sensitivity). | | |
| Avoiding or Controlling Irritants Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication) | | |
| Avoiding or Controlling Irritants Tobacco Smoke: (triggers asthma symptoms; causes children to have more respiratory and ear infections, and to need more asthma medication) | | |
| 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 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 | | |
| Fireplaces and wood or coal stoves are not used. | | |
| General Physical Site/Space COMAR 13A.16.05. | | |
| Ventilation provides good airflow 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.) | | |
| 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: COMAR 13A.16.05. | | |
| Dusting is done often, with a damp cloth, to avoid stirring up the dust | | |
| 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.) | | |
| 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. | | |

MSDE Office of Child Care:Check List for Asthma , Allergy , & Anaphylaxis Prevention and Management

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| 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. | | |
| Policies and Practices for Asthma and Allergy Care & Management :COMAR 13A.16.08, 01,02 | | |
| All staff are trained to watch for symptoms of asthma and or allergy, warning signs of asthma/allergy flare-ups, and how to recognize emergencies. New staff receive this training when hired. | | |
| Every child with asthma or allergy 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 all of nebulizers, inhalers, spacers, peak flow meters and epi pen administration | | |
| Parents and providers communicate regularly about child's asthma /allergy 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 wash hands frequently; toys and surfaces are wiped often, to prevent the spread of viral infections that can trigger asthma and allergy reactions. | | |
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| 1. Review of OCC forms: 1214,1215,1216, Asthma Action Plan and Allergy Action Plan | | |
| 2. Skills Assessment: | | |
| a. Asthma & Allergy Prevention Check List | | |
| b. Asthma Medication Delivery Devices: Inhaler, spacer, mask, peak flow and nebulizer | | |
| c. Allergy & Anaphylaxis : Epi –Pen Administration | | |
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References:

- 1.Asthma Friendly Child Care Check List from Asthma & Allergy Foundation of America - New England Chapter 109 Highland Avenue, Needham, MA 02494 781-444-7778 (Toll Free: 1-877-2-ASTHMA) Web-site: www.asthmaandallergies.org. National Resource Center for Health & Safety in Child Care www.nrckids.org; 800-598-KIDS
2. National Center on Early Childhood Health and Wellness. CARING FOR OUR CHILDREN BASICS: PROGRAM REVIEW TOOL for Center-Based Programs and Family Child Care Homes, May 2021
3. Office of Child Care Regulations COMAR 13A. 15 & 13 A.16



Department of Education

Division of Early Childhood

Supporting Child Care and Early Learning

<https://earlychildhood.marylandpublicschools.org/child-care-providers/office-child-care>

<https://earlychildhood.marylandpublicschools.org/about>

Regional Licensing Offices

<https://earlychildhood.marylandpublicschools.org/child-careproviders/licensing/regional-licensing-offices>

Licensing Forms

<https://earlychildhood.marylandpublicschools.org/child-careproviders/licensing/licensing-forms>

OCC Approved Medication Administration and Asthma Allergy Trainers

<https://earlychildhood.marylandpublicschools.org/system/file/filedepot/3/matrainlist.pdf>

https://earlychildhood.marylandpublicschools.org/system/files/filedepot/3/msde_occ_aaa_rn_trainers_list_8-9-2021.pdf



200 West Baltimore Street
Baltimore, MD 21201-2595
410-767-0100