Asthma in Child Care Settings
Health & Safety Notes, California Childcare Health Program

Asthma is the most common chronic disease among children who use child care. It occurs in 7 to 10 percent of all preschool and school-aged children. Therefore, it is highly likely that you will have at least one child with asthma in your program at some time. With appropriate care at the doctor’s office, home and child care, most children with asthma do extremely well in child care settings and can participate in all activities.

Asthma is a condition in which the air passages of the lungs become temporarily narrowed and swollen and produce a thick, clear mucous, causing the child to have difficulty breathing. The symptoms can disappear temporarily with treatment and/or removal from whatever is causing the asthma. Asthma cannot be cured and it has been recently learned that repeated attacks can cause permanent damage to the lungs. Asthma can be controlled with appropriate care.

Signs and symptoms of asthma
- Each child may have different asthma symptoms. The parents and physician should tell you what to watch for.
- Coughing (children often have cough as an early or only symptom of asthma)
- Complaint of tightness in the chest
- Wheezing
- Rapid breathing or difficulty breathing
- Decrease in peak flow meter reading
- Unusual tiredness
- Difficulty playing, eating or talking

Indications of severe asthma episode:
- Flaring nostrils or mouth open
- Bluish color to the lips or nails (late sign: call 9-1-1)
- Sucking in chest or neck muscles

Asthma triggers
Asthma episodes are usually started by “triggers,” events that begin an asthma attack. Each child will have different triggers. Not every child has identified triggers.
- Allergies to substances such as pollen, mold, cockroaches, animal dander or dust mites
- Allergies to a particular food
- Infections such as cold or other viruses
- Irritants such as cigarette smoke, cleaning supplies, air pollutants or other airborne substances
- Cold air or sudden temperature or weather changes
- Exercise or overexertion
- Very strong emotions such as laughing, crying and stress

Responsibilities of providers
Learn the basics from health pamphlets, information on the internet, and the California Child Care Health Program’s Healthline.

Consult with the child’s parents, physician and your health consultant. Learn about the child’s triggers, symptoms and treatment. Find out the following:
- How severe is the child’s asthma? Has he or she ever been hospitalized or gone to the emergency room due to asthma? How many attacks this year?
- How can you judge the severity of an episode? How will you know if the child just needs to rest, if treatment is needed, whether the parents should be called, or whether to call 9-1-1?
- What are the triggers for asthma for this child and how can they be reduced?
- What medicines does the child routinely take, and which additional medications are to be given when asthma worsens?
How do you correctly use a nebulizer, an inhaler and spacer, and a peak flow meter if the child needs them?

What do you need to do in an emergency, for example, administer inhaler or nebulized medications, and call the child’s physician or 9-1-1?

Collect and record information as required by licensing.

- California law allows licensed child care providers to administer inhaled medication for respiratory problems such as asthma.
- Have a form completed by a physician or their representative that gives you exact dosing information including side effects and other possible concerns for each particular child. Have the asthma management plan updated every six months.
- Develop an individualized care plan with the parent and involve the child if he or she is old enough (using Licensing Form 9166).
- Record medication use and your observations of the child. Share them with the parent/guardian. Call the Healthline at (800) 333-3212