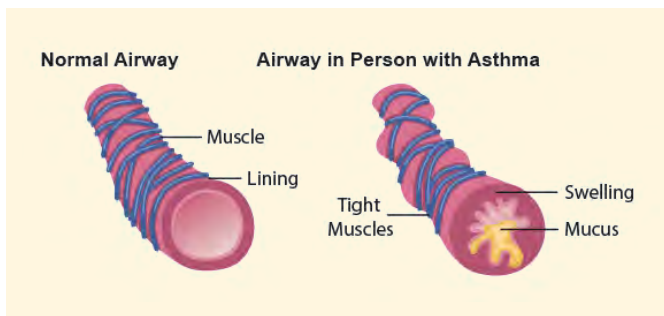




Asthma

Asthma is a leading chronic illness among children in the United States, with millions of asthma sufferers under the age of 18. Children living below the poverty level and children who are Black, American Indian, or Alaska Native have higher rates of asthma. Asthma is a leading cause of missed school days. It can disrupt a child's sleep, ability to concentrate, memory, and participation in program activities. Early childhood programs can partner with health care providers and families to reduce children's exposure to triggers, recognize early warning signs, promptly treat asthma symptoms, and prevent asthma episodes.

Normally, the airways to our lungs are fully open when we breathe, allowing air to move in and out easily. Children with asthma have very sensitive airways that can become easily inflamed. During an asthma episode, children may cough, wheeze, and experience chest tightness or pain, shortness of breath, and lack of energy. Inflammation and tightening of the airways in the respiratory system are what cause these symptoms.



Asthma affects each child differently. The triggers for asthma episodes, the signs and symptoms, treatment needed, and the severity all differ based on the individual. Some children have repeated episodes, or attacks, and need daily medications and modified activities. Others may only need medication during an episode. Children's asthma is commonly characterized as mild, moderate, or severe, but it can stay the same in severity, come and go, or change over time.

In Head Start programs, the health manager plays a pivotal role in carrying out a plan to make sure a child who has asthma can take part in all program activities. This plan is sometimes referred to as an Asthma Action Plan. Also, the health manager is integrally involved in communicating with the family.

Health care providers may be reluctant to diagnose a young child with asthma. Before a diagnosis of asthma, a child may have another diagnosis such as reactive airway, bronchiolitis, or frequent upper respiratory infection needing nebulizer treatments. As the family and health care provider learn about a child's symptoms, it's important for programs to share how signs and symptoms improve (with medication treatment) or worsen (during different triggers) to help find patterns.

Programs should be aware of changes to medication, even if not given in the program, so they can support the family by sharing correct information with the health care provider. Staff can also support families by carefully watching children, recording their observations on the Daily Health Check, and sharing these reports with the family and the provider.



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Triggers

A trigger is anything that causes asthma symptoms. Each child has their own set of triggers. When a program knows what these triggers are, staff can work to minimize the child's risk of exposure to them.

Common triggers include:

- **Dust mites** (found in carpet, clothes, stuffed toys, and fabric-covered items)
- **Secondhand smoke**
- **Pollen** (some children have asthma flare-ups in the spring when pollen counts are high or when grass is freshly cut, especially if windows are left open)
- **Mold**
- **Animal dander**

- **Pollution or poor air quality** (outdoor air pollution, including diesel exhaust from school buses, can cause asthma episodes)
- **Cleaning supplies and pesticides**
- **Perfume and cologne** (consider developing a policy that does not allow staff to wear perfumes)
- **Temperature and weather changes**
- **Physical activity** (referred to as exercise-induced asthma)
- **Respiratory infections, flu, and colds** (most common cause of asthma episodes)
- **Foods** (typically accompanied by more symptoms such as hives, rash, vomiting, and diarrhea)



Signs and Symptoms

Older children and adults are often able to describe their symptoms of an asthma episode. But younger children may not have the language or communication skills to verbally describe their symptoms. It is important for teachers to watch behaviors and help children build the vocabulary needed to share when they are not feeling well. It is equally important for staff to stay calm when speaking to a child experiencing an asthma episode.

Symptoms in young children may include:

- **Wheezing.** Sounds like a high-pitched, raspy whistle. You may hear the wheeze when the child exhales. As the episode progresses, you may hear the wheeze when the child inhales and exhales.
- **Tightness in the chest.** Younger children may show signs of difficulty breathing or speaking. They might press down on their chest or sit quietly in a corner.
- **Shortness of breath.** The child may complain of being winded or not being able to catch their breath. You may see younger children sitting quietly trying to catch their breath. Watch for panting or noisy and increased breathing. Signs of shortness of breath may include rapid movement of nostrils; the ribs or stomach moving in and out deeply and rapidly; or expanded chest that does not deflate when the child exhales.
- **Frequent cough.** This may be more common at night. The child may or may not cough up mucous.
- **Lethargy or disinterest in normal or favorite activities.**
- **Difficulty sucking or eating.**
- **Crying that sounds softer or different.**

Supporting Children with Asthma

The program, family, and health care provider should routinely communicate to make sure children with asthma get proper care. Programs can support family strengths by recognizing that parents know a great deal about their child and can educate staff about how best to care for their child.

Here are some strategies for engaging with families:

- Conduct a home visit to help the family identify and develop a plan to address triggers.
- Help the family prepare for health care visits by writing a list of questions, concerns, and descriptions of recent episodes.
- Educate family members who do not understand asthma and may not know how to recognize a child's symptoms.
- Work with the child's health care provider or your Health Services Advisory Committee to find community resources that can offer asthma education and support.
- Hold a meeting with the family and everyone who works with the child — including teachers, caregivers, food service personnel, bus drivers, and monitors — to make sure everyone understands the child's Asthma Action Plan. Communicate regularly with the child's health care provider to make sure your program is updated on changes in treatment.



What Your Program Can Do

- Use your Head Start management systems. Make sure families, teachers, and bus drivers are prepared to supervise the child and communicate information, such as changes in the child's health care plan or medication, the child's condition, and when medication was last given.
- Track when children experience asthma episodes or are absent because of asthma. Consult your medication administration policy, emergency protocols, Daily Health Check, and attendance tracking.
- Give education to all staff. Do staff know what to do for an asthma attack? Are staff trained in medication administration for rescue inhalers and nebulizers?
- Have an Asthma Action Plan for each child with asthma. Do all staff know where it is? Do all the child's caregivers know the child's individual triggers and symptoms?
- Educate older toddlers and preschool children about asthma. Talk often with the children about asthma, its symptoms, and what you will do if someone has an asthma attack.
- Remove or reduce triggers. Plan indoor activities on high ozone days.
- Improve ventilation throughout the building. Replace HEPA filters regularly.
- Make sure heating and air conditioning systems are properly maintained.
- Routinely clean carpets.
- Reduce exposure to secondhand and thirdhand smoke. For example, ask staff who smoke at home to change their clothes when they arrive at the program; develop a policy that does not permit staff or families to smoke on the grounds of the facility.
- Partner with the health care provider. The child's health care provider can give information on the triggers, signs and symptoms, severity, frequency, and recommended interventions.
- Make the transition to kindergarten or another program easier. Ask the family for permission to make the next placement aware of the child's needs. Make sure the family has made an Asthma Action Plan before transitioning from your program.

Asthma Action Plan

An [Asthma Action Plan](#) should support the program in caring for a child with asthma, and in communicating with the family and provider. It should include:

- Specific accommodations needed in the child's daily activities (e.g., diet, classroom activities, outdoor activities, field trips)
- The child's regular and emergency medications, including the name, dose, route, schedule, indications for administration, and possible side effects
- Where medication should be stored in various situations, including when going outside, on field trips, and during fire drills or other emergency preparedness activities
- The signs and symptoms of an asthma attack and correct responses (e.g., removal from triggers, medication, observation, emergency plan)
- What symptoms indicate an emergency
- What steps to take in an emergency
- Family's and health care provider's contact information
- Specific instructions for environmental conditions (e.g., participation in outdoor play when [air quality](#) is unhealthy)

You can adapt a [sample Asthma Action Plan](#) to meet the needs of each child.

As with any medical condition, you should review the child's individual Asthma Action Plan at least every three to six months and after any change in medication, emergency room visit, or hospitalization.



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July 2023