### Purpose

There may be times when children are registered into The Salvation Army London Village Day Nursery with special medication conditions. Because Early Childhood Education is not considered to be a health profession, it is necessary to have in place the practices to ensure the safety of children and staff.

Children may be registered in our program that requires inhalers for allergies or asthma conditions.

### Policy

Whenever staff are dispensing medication staff will be cognizant of the “five rights of medication”: right person, right medication, right amount, right time and right method.

Generally, the Day Care does not administer medications “as needed”, unless clear and specific details are given by the parent as to when medication should be given and how much medication is given.

Inhalers will be signed in as per Medication Administration Policy.

The child care program will only administer 2 puffs at any given time (regardless of the directions on the puffer). Only with specifc direction from a physician, will we repeat the 2 puffs. If the child’s breathing does not improve the parent/guardian or 911 will be contacted.

Inhalers must be accessible in case of emergencies.

Inhalers should be used with a spacer especially for children under the age of 5.

Each child using inhalers, for asthma or specific respiratory conditions, will have an emergency plan posted in the child care centre listing specific triggers, reactions, symptoms, signs, and emergency protocols for that child. This plan should be posted in a conspicuous area in the program. Copies of such plan will also be placed in the Emergency Contact Binder and in the Master Binder, located in our staff room. The child’s picture will be posted with this plan. The initial plan must be signed by a physician. This plan will then be reviewed annually by the family. If there are changes to the plan, then a new plan must be redeveloped and signed by a physician.

All staff, students and volunteers will receive training on the Asthma/Respiratory Conditions policy by the Program Director or designate and each will sign off on the training prior to their first shift. Policies will be reviewed annually thereafter by staff, students and volunteers.

If the child is taken to the hospital the procedures for Serious Occurrences will be followed.

### Procedure

1. Each parent/guardian will be required to have completed individual procedures for their child’s asthma or allergy medication (inhalers, nebulizers) using the appropriate form (see appendix). The initial plan will be signed by a physician, and reviewed annually by the parent.
2. Three copies of this plan will be made. One will go up on the wall of the child’s classroom, one will go in the child’s classroom information binder (which travels with the classroom) and one copy goes in the master binder in the staff room.
3. The medication will be stored in accordance with the instructions on the label, out of reach of children in an unlocked container which is accessible to staff.
4. The expiry date of these medications will be checked regularly to ensure it has not expired.
5. Staff should be aware of the triggers of the allergies and avoidance should always be the first strategy in prevention. Because absolute avoidance of the allergy-causing substance is necessary to avoid future reactions, the child care program will take every necessary precaution in the centre. Some of these will include the elimination of peanuts and peanut products in the centre, reading labels prior to serving or cooking food to children, labelling all children’s food and drink intended for that child, handwashing before and after serving food, ensuring food surfaces are clean, and there are adequate serving utensils to avoid cross contamination, and prohibiting families from bringing in their own snacks and outside food items into the children’s rooms.
6. When medications such as inhalers that are given “as needed”, there must be clear instruction as to the signs and symptoms of when the child needs it and how much.
7. Children should rinse their mouths with warm water after using an inhaled steroid medication.
8. **How to use pediatric spacers:**
9. Remove the cap from the mouthpiece of the inhaler and shake the inhaler vigorously.
10. If the inhaler has not been used for a week or more, or it is the first time the child has used the inhaler, spray it into the air before it is used to check that it is working.
11. Attach the mask to the mouth piece of the spacer – if applicable – there may not be a mask on the spacer.
12. Insert the inhaler mouthpiece into the hole in the end of the spacer (the inhaler should fit snugly and without difficulty).
13. Place the mask over the child’s nose and mouth so that it makes a seal with the face – if applicable – if not place the seal over the child’s mouth.
14. Press down on the inhaler canister to spray one puff of medicine into the space.
15. Hold the spacer in place and allow the child to breathe in and out normally for 10 seconds.
16. If you need to give another dose, wait 30 seconds, shake the inhaler again and then repeat steps 4 to 7.
17. Don’t spray more than one puff at a time into the spacer. This makes the droplets in the mist stick together and to the sides of the spacer, so the child actually breathes in a smaller dose.
18. The spacer should be cleaned weekly with warm soapy water and left to drip dry.
19. Using a mask and spacer with a baby can sometimes be tricky. Reassure the baby by cradling them in your arms or on your knee. Gently stroke the baby’s face with the mask so that they get used to it. Talk to the baby and smile – the baby will sense if you are anxious. You can hold the mask over the baby’s nose and mouth to give them a dose while they are sleeping, and babies will also breathe in the medicine while they are crying.
20. **How to use a metered dose inhaler (without a spacer):**
21. Have the child sit up straight and lift the chin to open the airway.
22. Remove the cap from the mouthpiece and shake the inhaler vigorously.
23. If the inhaler hasn’t been used for a week or more, or it is the first time the child has used it, spray it into the air first to check that it works.
24. Have the child take a few deep breaths and then breathe out gently. Immediately place the mouthpiece in their mouth and put their teeth around it (not in front of it and don’t bite it) and seal their lips around the mouthpiece, holding it between their lips.
25. Have the child start to breathe in slowly and deeply through the mouthpiece. As they breathe in, simultaneously press down on the inhaler canister to release the medicine. One press releases one puff of medicine.
26. Have the child continue to breathe in deeply to ensure the medicine gets into their lungs.
27. They should hold their breath for 10 seconds or as long as they can, breathing out slowly.
28. If the child needs another puff, wait for 30 seconds, shake the inhaler again then repeat steps 4 to 7.
29. Replace the cap on the mouthpiece.
30. The inhaler should be washed about once a week. Remove the metal canister and mouthpiece cap from the case of the inhaler. Wash the case and cap in warm soapy water. Rinse in warm water then leave to dry.
31. **How to use a nebulizer:**
32. Measure the prescribed amount of medication into the nebulizer container.
33. Put the nebulizer mask over the child’s face.
34. Close the lid and turn on the nebulizer.
35. With the mask in place, have the child begin to breathe the medication mist in and out through their mouth normally.
36. The container on the nebulizer generally holds enough medication for a treatment that lasts for about 10 to 15 minutes.