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Early Care and Education Nebulizer Guidance

Have discussion with families to reduce the need for nebulizer use during child care attendance.

Is the child too ill to be at child care? Children with chronic lung disease are at increased risk of complications and child care attendance may not be in their best interest.

Can the treatments be done at home?

Has there been discussion with switching to an MDI (metered dose inhaler) with spacer per AAP recommendations for children over 12 months? Share written recommendation with the family. Here are two publications that may be helpful for families to share with health care providers:

<https://cts-sct.ca/wp-content/uploads/2018/07/2018-03-15-Ronly-Har-Even.pdf>

https://pediatrics.aappublications.org/content/142/1_MeetingAbstract/582

Here is a link for an Asthma Action Plan: <https://www.lung.org/getmedia/d5d45eb2-d424-40a5-a0d0-003edbfcbec4/asthma-action-plan-for-home.pdf.pdf>

If absolutely necessary the procedure for nebulizer use should be as follows:

1. Use a room that has limited other use, with nearby sink.
2. Staff need to have full PPE: gown, gloves, N95 mask and face shield.
3. Child needs to have clothing covering that can be removed for laundering/disposal after treatment.
4. During the treatment, staff should be only as close as necessary, taking care to keep their face as far away from and above the nebulizer as possible.
5. After the treatment rinse the tubing and washable components.
6. Remove PPE carefully, the child first. Taking care not to shake any pieces. Dispose of properly in trash or bag for laundry.
7. Wash hands, adult and child.
8. Close door to treatment room and let it remain un-used for at least 2 ½ hours (preferably overnight) to allow for droplets to fall prior to cleaning.
9. Return child to classroom.
10. Return to treatment room, glove, and mask to disinfect surfaces in room.

