

Asthma Basics for Schools

Part 2 - Asthma Goals for School Health

Developed by the National Asthma
Education and Prevention Program
(NAEPP)



Note to Presenter: Please begin with the slide set “Asthma Basics for Schools.” If this presentation immediately follows Part 1– Overview, begin with Part 2, slide 2. If some time (at least one day) has separated this presentation from Part 1, use this slide and the following script notes.

Script Notes: Good (morning, afternoon, evening), my name is _____, and I will present “Asthma Basics for Schools – Asthma Goals for School Health.” During this presentation, you will learn about these goals, which are based on the Centers for Disease Control and Prevention’s *Strategies for Addressing Asthma within a Coordinated School Health Program*.

This presentation was developed by the National Asthma Education and Prevention Program, which is administered and coordinated by the National Heart, Lung, and Blood Institute (NHLBI).

Asthma Basics for Schools

Part 2

Presentation Overview

- Asthma Goals for School Health
 - Infrastructure & Supportive Policies
 - Health & Mental Health Services
 - Asthma Education
 - Healthy School Environment
 - Physical Education & Activity
 - Family & Community Involvement
- Asthma Resources

Script Notes: In the presentation, I will discuss the Asthma Goals for School Health (Management & Support Systems, Health & Mental Health Services, Asthma Education, Healthy School Environment, Physical Education & Activity, and Family & Community Involvement) and share some Asthma Resources.

Asthma Goals for School Health

1. Infrastructure & Supportive Policies

2. Health & Mental Health Services

6. Family & Community Involvement



5. Physical Education & Activity

3. Asthma Education

4. Healthy School Environment

Script Notes: These goals are based on CDC's *Strategies for Addressing Asthma Within a Coordinated School Health Program*, which includes six strategies along with specific action steps under each strategy.

- 1) Establish management and support systems for asthma-friendly schools.
- 2) Provide appropriate school health and mental health services for students with asthma.
- 3) Provide asthma education and awareness programs for students and school staff.
- 4) Provide a safe and healthy school environment to reduce asthma triggers.
- 5) Provide safe, enjoyable physical education and activity opportunities for students with asthma.
- 6) Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.

During this presentation, I will be sharing highlights of the action steps you can take to implement each of these strategies and to make these goals a reality at your school.



Note to Presenter:

- Customize this slide with information that describes your program/school.

Script Notes: There are several school policies and practices that help ensure students with asthma receive the support they need in order to participate fully at school. Schools can:

- Ensure adequate student health records.
- Establish emergency plans for asthma episodes at school.
- Ensure that at all times students have immediate access to medications.
- Implement and communicate with parents and students about policies to allow students to carry and self-administer medications with permission from the students parent/guardian and physician.

I will provide some more details about emergency plans and ensuring student access to quick-relief asthma medications in the next two slides.

Goal 1: Infrastructure & Supportive Policies

Establish Emergency Plan for Asthma Episodes at School

Develop school-wide emergency plans/procedures. Include:

- ✓ Respiratory distress treatment protocols
- ✓ Procedures to access students' individualized asthma action plans
- ✓ Plan for students without an individualized plan



Note to Presenter: Customize this slide to match your school/district's emergency plan.

Script Notes: Schools should establish an emergency plan for asthma episodes. The school-wide emergency plans or procedures should include:

- Standard emergency protocols for students in respiratory distress.
- Procedures to access students' individualized asthma action plan.
- A plan for students without an individualized asthma action plan.

In order to appropriately respond to students in respiratory distress, schools should:

- Maintain adequate supplies and equipment to be able to respond as needed.
- Obtain medicine and supplies for every student with asthma.
- In the best of all possible situations, if you have a full-time school nurse, consider obtaining a stock albuterol inhaler for your school. Some districts have used emergency preparedness funds to buy stock inhalers, since one inhaler provides approximately 100 doses of albuterol and could therefore provide needed quick-relief medicine to many students with asthma in a lock-down situation.
- Know when to call 911.

Goal 1: Infrastructure & Supportive Policies

Ensure immediate access to medications at all times

- Allow students to carry and self-administer their asthma medications (per state law)
- Designated secure storage location for medications that are not being self-carried



Script Notes: Ensure that at all times students have immediate access to medications, as prescribed by a physician and approved by parents/guardians.

- Allow students to carry and self-administer their quick-relief asthma medicines, as per your state law. Most states now have laws pertaining to student possession and self-administration of asthma medications at school.
- For medications that are not being self-carried, have a designated, secure storage location that is accessible at all times by the school nurse or his/her designee.
- Have physical education teachers and after school program directors work with the school nurse to come up with a plan for these activities.

Note to Presenter: Determine what your state and local policies are regarding self-carry and self-administration for students and change this presentation accordingly. If your state/district does not have a policy related to self-carry, this is something you may want to work on. The National Association of State Boards of Education (NASBE) and Asthma and Allergy Network-- Networks of Asthmatics (AANMA) have sample policies at http://www.nasbe.org/HealthySchools/Sample_Policies/Asthma_program.html and http://aanma.org/cityhall/ch_childrights.htm

- NAEP offers guidance to healthcare providers and families for determining if a student is ready to self-carry and administer their quick-relief medicine at school. This information is located at

http://www.nhlbi.nih.gov/health/prof/lung/asthma/emergency_medications.htm

Goal 2: Health & Mental Health Services



- Identify students with asthma
- Monitor students' asthma
- Obtain and use a written asthma action plan for all students with asthma
- Provide full-time nursing services
- Train, supervise and delegate to health assistants and education staff, as appropriate

Script Notes: School health services are an important component of any school asthma program.

To support students with asthma while they are at school, schools should:

- Identify students with asthma.
- Obtain and use a written asthma action plan for all students with asthma.
- Monitor students' asthma
- Work toward being able to provide a full-time registered nurse all-day, every day for every school. School nurses are often critical to the success of school asthma programs. They can actively support students with asthma and help them improve their asthma management.
- School nurses can train health assistants and/or education staff to assist with some asthma management activities.

I'll provide more details on how to identify students with asthma, monitor their asthma, and obtain and use an asthma action plan in the next few slides.

Goal 2: Health & Mental Health Services

Identify Students with Asthma

- Obtain information about asthma diagnosis from school health forms
- Review student health records
- Focus particularly on students with poorly controlled asthma.
- Screening large groups of students for asthma is not recommended.



Script Notes: There are several ways school staff members can help identify students with asthma.

- The school nurse can review student health records, including:
 - Emergency cards
 - Medication records
 - Health room visit information
 - Emergency care plans
 - Physical exam forms
 - Parent notes
- If a student experiences asthma-like symptoms in class, teachers can ask the student and his/her parents about it.
- Poorly controlled asthma can be identified by looking at school health office visits, asthma episodes at school, school absences, 911 calls from school.
- Unless closely linked with evaluation and treatment programs, using symptom surveys to screen large groups of students for asthma (population-based screening using a survey, for example) is not recommended.

Goal 2: Health & Mental Health Services

Monitor Students' Asthma



All school staff should:

- Watch for symptoms of very poorly controlled asthma
- Use attendance records to monitor absenteeism of students with asthma
- Use health room records to monitor:
 - ✓ Medication logs
 - ✓ Asthma-related sick visits to the health room
 - ✓ Number of days sent home from school due to asthma

Script Notes: All school staff should watch for symptoms of very poorly controlled asthma.

- School nurses or other staff should monitor absenteeism of students with asthma.
- School nurses or other designated staff should be aware of NAEPP guidelines' definitions of asthma control. They should use health room records to monitor medication logs, asthma-related sick visits to the health room, and the number of days students are sent home from school due to asthma.
- Schools should monitor the health and attendance records of students with asthma and try to provide extra support for students whose asthma is causing them to miss a lot of school and/or class time.

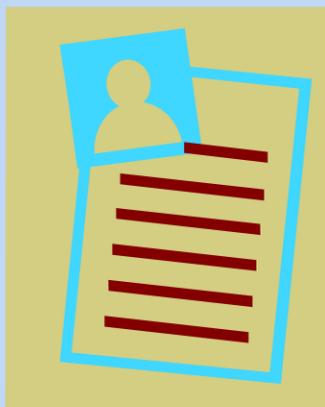
Note to Presenter: Asthma is **not under good control** for school-aged students when a student has **asthma symptoms** or uses a quick-relief inhaler for asthma symptom control (not prevention of exercise-induced asthma) **more than 2 days per week**. Asthma is also **not under good control** if it interferes with any normal activities.

Additionally, for children ages 5-11, if a student has asthma symptoms multiple times on any day, his or her asthma is **not** under good control.

If a 5-11 year old child has nighttime awakenings due to asthma more than once a month, his or her asthma is **not** under good control. Nighttime awakenings more than twice a month is the limit for those 12 and older.

Goal 2: Health & Mental Health Services

Obtain and use an asthma action plan for each student with asthma



An action plan includes:

- ✓ Prescribed daily and quick-relief medicines
- ✓ Treatment guidelines for handling asthma episodes
- ✓ Emergency contacts
- ✓ List of things that make the student's asthma worse

The plan should be:

- ✓ Placed in student's health record
- ✓ Shared with appropriate staff
- ✓ Updated annually and as needed

Script Notes: A critical component of school asthma programs is to obtain a written asthma action plan for all students with asthma. This plan is used by the student, his/her family, and the school to help the student keep his/her asthma under good control. The plan should be developed by a doctor or other health service provider and be provided by the parents.

•The plan should include information about prescribed daily and quick-relief medicines and how they should be used, guidelines for handling asthma episodes including information about peak flow monitoring, emergency contact information for parents/guardians, and a list of things that make the student's asthma worse.

•The plan should be placed in the student's health record at school and should be shared with appropriate staff, including classroom teachers, physical education teachers, coaches, bus drivers, etc. in accordance with the Family Educational Rights and Privacy Act (FERPA) guidelines* or with parental permission.

•The plan should be updated at least annually and whenever information changes.

Note to Presenter: A sample asthma action plan can be found at www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.htm.

According to the US Department of Education website (www.ed.gov/policy/gen/guid/fpco/ferpa/students.html), a school MAY disclose student information with the student's consent or when the disclosure "is to school officials who have been determined to have legitimate educational interests as set forth in the institution's annual notification of rights to students."

Goal 2: Health & Mental Health Services



- Consider providing individual case management for students with poorly controlled asthma
- Use 504 plans or IEPs for students with asthma, as appropriate
- Facilitate links to child health insurance programs and providers
- Establish strong links to asthma care clinicians
- Communication between the student's asthma care clinician, parent, and school staff is vital.

Script Notes: Students with poorly controlled asthma may benefit from individual case management by a trained professional. Case management includes assessing the student's needs and planning a continuum of care for the student and his/her family. Include coordinating school-based counseling, psychological and social services with community services for students who need them.

•Include issues related to asthma in 504 plans and IEPs for students with asthma who have them for other reasons. Create 504 plans or IEPs for eligible students with asthma when they are needed to obtain appropriate modifications or services.

•Students without healthcare are likely to have problems keeping their asthma under good control. Schools can help these students by facilitating linkages to child health insurance programs and providers [**Presenter:** you may want to provide the name of your state's child health insurance program here.]

•Schools can also help students better manage their asthma by establishing strong links to asthma care clinicians. For example, schools can link with community asthma care clinicians, hospitals, school-based asthma specialists, school-based health centers, or mobile asthma care clinics.

•Communication between the student's asthma care clinician, parent, and school staff is vital to keeping the students asthma under good control at school and home.

Note to Presenter: If there are questions about 504 plans, you can find information about 504 plans for students with asthma at the following websites: www.wrightslaw.com/info/sec504.index.htm, www.wrightslaw.com/info/iep.index.htm,

www.ed.gov/parents/needs/speced/iepguide/index.html,
www.ed.gov/about/offices/list/ocr/qa-disability.html

Goal 3: Asthma Education

For students with asthma, the school nurse should:

- Teach and monitor correct inhaler techniques
- Teach how students can monitor their asthma
- Teach when and how to get help
- Offer asthma education programs



Script Notes: There are a number of ways schools can provide or support asthma education.

- For students with asthma, the school nurse [or other health care provider] can help them keep their asthma in good control by making sure they're using their asthma medications appropriately, teaching them how to tell when their asthma is getting worse, and how to get help when they need it.
- Schools should offer asthma education programs for students with asthma, if possible, or provide time and space for community groups to provide asthma education classes. For example, two programs that have been evaluated and shown to be effective are the American Lung Association's Open Airways for Schools program, developed for students with asthma in grades 3-5, and the Asthma and Allergy Foundation of America's Power Breathing program, developed for students in grades 6-12. Local chapters of ALA and AAFA may have volunteers who can come to your school to teach the classes.

Note to Presenter: Asthma education information and resources can be found at: Allergy and Asthma Network Mothers of Asthmatics www.breatherville.org, American Lung Association www.lungusa.org, Asthma and Allergy Foundation of America www.aafa.org.

Goal 3: Asthma Education

For all students, teach them:

- about lung health
- what asthma is
- how to support classmates with asthma
- what to do if a classmate has an asthma episode



Script Notes: All students need to understand what asthma is and how they can support their classmates with asthma. Schools should integrate lung health and asthma awareness education into the health education and other appropriate curricula.

Goal 3: Asthma Education

For parents and guardians of students with asthma:

- Provide education and resources to help their children better manage their asthma at school and home.
- Communicate any problems/changes you see at school.



Script Notes: Schools can provide education and resources for parents to help their children better manage their asthma at home and school. School nurses, teachers, and other staff should let parents know about any potentially asthma-related problems or changes they see at school.

Goal 3: Asthma Education

For faculty and staff,
provide annual professional
development on:

- Asthma basics & emergency response
- What different staff can do to make their school asthma-friendly



Script Notes: For faculty and staff, it's important to provide annual professional development on asthma basics and emergency response.

- Staff need to know what asthma is and what to do if a student has an asthma episode at school.
- Staff also should know what each of them can do to make their school asthma-friendly.

Note to Presenter: This slide set is a great resource for providing staff professional development on asthma basics and emergency response.

The National Asthma Education and Prevention Program's *Managing Asthma: A Guide for Schools* provides key action steps for different staff members. For example, there is guidance on what classroom teachers, PE teachers, maintenance staff, etc. can each do. You can download it at no cost at: www.nhlbi.nih.gov/health/prof/lung/asthma/asth_sch.htm.

Goal 4: Healthy School Environment

Adopt and enforce tobacco-free policy that prohibits tobacco use at all times, on all school property, by all people, and for all school activities



Script Notes: Schools should prohibit tobacco use at all times, on all school property (including all buildings, facilities, and school grounds), in any form of school transportation, and at school-sponsored events on and off school property (for example, field trips).

- This includes school sports fields, school sports events held at community fields, school parking lots, and school buses when drivers are not carrying students

[Presenter: You may want to change these examples or add others examples related to your particular school district or school]

Note to Presenter: If participants want more information on this, see:

- CDC's Guidelines for School Health Programs to Prevent Tobacco Use and Addiction

www.cdc.gov/HealthyYouth/tobacco/guidelines/index.htm

- National Association of State Boards of Education's Fit, Healthy and Ready to Learn: Policies to Discourage Tobacco Use

www.nasbe.org/healthy_schools/fit_healthy.htm

www.nasbe.org/healthy_schools/policies/tobacco_use.htm

Goal 4: Healthy School Environment

Eliminate or reduce exposure to things that make asthma worse by using good housekeeping and maintenance practices

- Use integrated pest management techniques to control pests



- Use least toxic products available



- Keep temperature and humidity at appropriate settings



- Maintain HVAC systems



- Dry up damp and wet areas immediately



- Consider removing furred and feathered animals

Script Notes: Eliminate or reduce exposure to things that make asthma worse. Some policies and practices are good for everyone; for example, tobacco free policies and good housekeeping/ maintenance practices. Other interventions should be tailored to the needs of your school's students with asthma. For example, if a student is allergic to pets, consider removal of furred or feathered animals.

- Use integrated pest management (IPM) techniques to control pests. Put simply, IPM is a safer, and usually less costly option for effective pest management in a school community. A school IPM program uses common sense strategies to reduce sources of food, water and shelter for pests in your school buildings and grounds. An IPM program takes advantage of all pest management strategies, including the judicious and careful use of pesticides when necessary. (www.epa.gov/pesticides/ipm)
- Use the least toxic products available at your school. For example, schools can use environmentally preferable cleaning products; avoid artificial air fresheners; and use only non-toxic, low odor white board markers and art supplies.
- Keep temperature and humidity at appropriate settings to avoid mold.
- Maintain and utilize HVAC systems appropriately, including preventive maintenance, keeping system operating at all times when the building is occupied, making sure the vents are not blocked
- Dry up damp and wet areas immediately. Some things (eg, floor tile, concrete, carpet) can be dried up and should be within 48 hours. Other things, such as water-damaged porous materials (eg, ceiling tiles, insulation, dry wall, books, gym mats, particle board), may need to be discarded.
- Consider removing furred and feathered animals from classrooms. They may trigger asthma episodes for people sensitive to animal allergens.

Note to Presenter: When excessive moisture or water accumulates indoors, mold growth will often occur, particularly if the moisture problem remains undiscovered or un-addressed. There is no practical way to eliminate all mold and mold spores in the indoor environment; the way to control indoor mold growth is to control moisture. You can find more information at www.epa.gov/mold/moldresources. The Environmental Protection Agency's Tools for Schools Program provides more details on how to ensure a healthy school environment (www.epa.gov/iaq/schools).

Goal 5: Physical Education & Activity

- Encourage full participation when student is well
- Allow pretreatment and/or warm-up before physical activity
- Ensure student access to quick-relief medication during activity
- Provide modified activities as needed



Script Notes: Encourage full participation in physical education and physical activities as much as possible. Lifelong physical fitness is an important goal for all students. Yet students with asthma frequently restrict their physical activities. Much of this restriction is unnecessary--children with asthma can and should be physically active.

- Allow pretreatment and/or warm-up before physical activity. Students should administer medications prior to activity as prescribed by their health care provider. Students should be encouraged to warm up before exertion (e.g., by walking, doing flexibility exercises or other low intensity activities).

- Make sure students have immediate access to their prescribed quick-relief medications for all on- and off-site activities before, during and after school. These medications prevent as well as treat symptoms and enable the student to participate safely and vigorously in physical activities.

- Provide modified activities as indicated by a student's asthma action plan, 504 plan, and/or IEP, as appropriate. At times, physical activity programs for students with asthma may need temporary modification, such as varying the type, length, and/or frequency of activity. For example, if running is scheduled, the student could walk the whole distance, run part of the distance, or alternate running and walking.

Note to Presenter: The NAEPP has several resources that provide additional guidance on how to support full participation of physical education and activity for students with asthma: www.nhlbi.nih.gov/health/public/lung/asthma/phy_asth.htm
www.nhlbi.nih.gov/health/prof/lung/asthma/exer_induced.htm

Goal 6: Family & Community Involvement



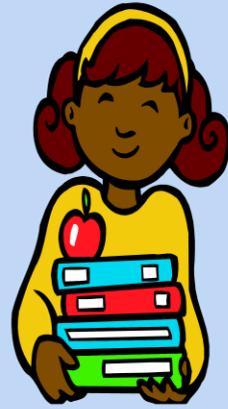
- Encourage communication among school, home and health care providers
- Encourage active parent, student, and community participation in school activities
- Work with local community asthma programs

Script Notes: Communication among the school, parents/guardians, and healthcare provider can help make sure students with asthma have the support they need to keep their asthma well-managed at school and home. For example, if a teacher sees a student having a lot of asthma episodes, she or he should let the student's parent know and also alert the school nurse to the problem. School nurses and doctors can, with parental permission, set up communication strategies to stay in touch about a student's asthma, especially if the student is having a difficult time controlling their asthma. The doctor may advise changing medications, and the school nurse can provide on-site support to ensure the student is using the medications correctly.

- Encourage active parent, student, and community participation in school activities
- Work with local community asthma programs. Many local hospitals, respiratory therapy groups, American Lung Association chapters, Asthma and Allergy Foundation of America chapters have outreach programs that would be happy to work with your school program.

Note to Presenter: Information for families can be found at www.breatherville.org; www.aafa.org; www.lungusa.org.

Asthma Resources For School Health



National Asthma Education and Prevention Program (NAEPP)

Website and Materials

- www.nhlbi.nih.gov/about/naepp/index.htm
- www.nhlbi.nih.gov/health/public/lung/index.htm#asthma
- www.nhlbi.nih.gov/health/prof/lung/index.htm

CDC School Asthma Website and Materials

- www.cdc.gov/HealthyYouth/asthma
- www.cdc.gov/HealthyYouth/asthma/publications
- www.cdc.gov/HealthyYouth/SHI

Script Notes: For more information about asthma and school health, you may access and download these resources for free.

Questions and Answers

Script Notes:

- Does anyone have any questions?
- Thank you for attending.
- Please complete and submit the presentation feedback form.