

# Information for School Staff

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# School Staff Checklist

(This includes but is not limited to Classroom and Specialty teachers, Paraprofessionals, Counselors and Coaches)

## Comply with federal and state laws

## Follow school district asthma policy and procedure

## Participate in team planning meeting for students with asthma

### Be aware of:

- Asthma Action Plan (AAP)
- Individual Health Plan (IHP)
- 504 or Individualized Education Plan (IEP)

## Best Practice

- Follow students AAP
  - Pre-medicate for exercise or activities if plan states to do
- Avoid the use of strong odors or sprays, such as paints, perfumes, bug sprays and cleaning products (asthma triggers) in your lesson plans/classroom supplies or events
  - No furry or feathered classroom pets (asthma trigger)
- Include asthma education in classroom lesson plans or activities
  - Have asthma related books in library
- Notify substitute teachers and provide a copy of student's AAP in the substitute's folder
- Know
  - signs and symptoms of asthma
  - asthma triggers and how to avoid
  - early warning signs
  - to never leave a child alone that is having breathing difficulty**
- Consider asthma and allergies when planning for field trips
- Include student in all classroom activities, physical activities and sports
- Be sensitive to the social and emotional needs of the child with asthma
- Monitor peer interactions

Teach child to tell an adult if they are not feeling well

Classroom windows remain closed during times of grass mowing, high pollen count, poor air quality days

Classroom/school air filters frequently changed

Wash face and hands after returning from outdoor activities during high pollen count days. Educate child and parent, also.

## Prevention

### Educate/Training (at least annually and as needed)

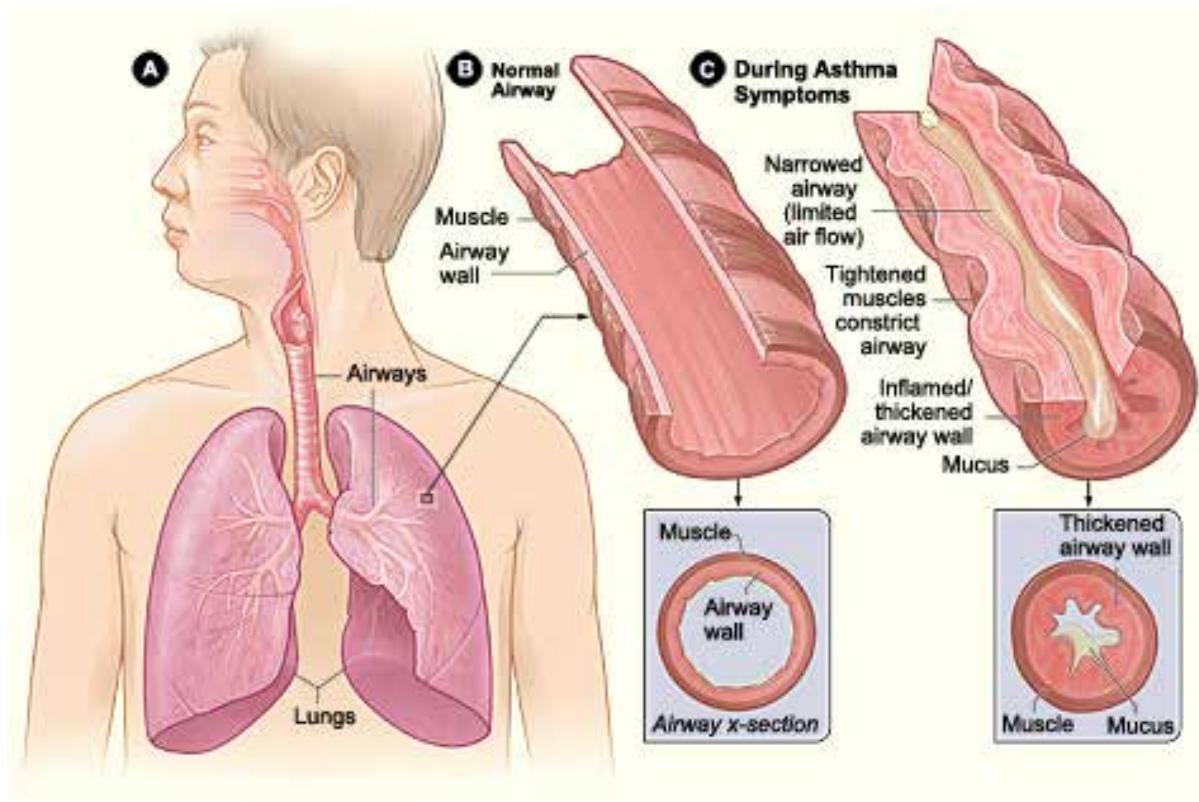
- Learn the signs and symptoms of asthma
- What to do if an asthma attack/episode occurs
- If child states they are having asthma symptoms—**Believe them & take action**
- School district's emergency response protocol
- Know where the student's medication is located and available
- Don't delay getting medical help

## Review

- Asthma triggers
- Early warning signs of asthma
- Student's Asthma Action Plan (AAP)
- School's emergency protocol
- Scheduled training and drills
- Location of quick-relief/rescue medication

# General Information on Asthma for School Staff

Asthma is the most common chronic illness among children. Asthma is one of the leading causes of school absence due to illness. Most children with asthma have symptoms that can be controlled by medicine. **Asthma can be life threatening so don't second guess the severity.**



continued on next page

**Asthma Is Characterized by:**

- Airway inflammation
- Airway hyper responsiveness
- Airway obstruction

**Changes in the Air Passages of the Lungs Make It Hard to Breathe:**

- Inner walls of the airways swell
- Muscles of the airway walls tighten and constrict
- Swollen walls produce excess mucus, which clogs their airways

**Asthma Triggers May Include:**

- Respiratory infections, colds
- Allergic reactions to pollen, mold, animal dander, dust, food, etc.
- Exercise
- Exposure to cold air or sudden temperature changes
- Air pollution, fumes, cigarette smoke, or strong odors
- Excitement, stress, emotions

**What to Do if You Have a Student with Asthma**

Children with asthma may feel scared and different than other classmates. Treat them with understanding and kindness. The staff person who knows what to do can help empower students and reduce their fear of asthma. If it is possible to do so without embarrassing children with asthma, explain to the class what asthma is, its effects on breathing, and how classmates can be helpful.



# Joint Statement on Improving Asthma Management in Schools



This statement outlines best practices and proven, effective strategies for a comprehensive approach to asthma management in schools. The following health- and school-based organizations support the recommendations outlined below: American Association of School Administrators, American Lung Association, Asthma and Allergy Foundation of America, Center for Green Schools at USGBC, Healthy Schools Campaign, Merck Childhood Asthma Network, Inc., National Association of School Nurses, National Association of State Boards of Education, National Education Association Health Information Network.

Schools are responsible for providing a healthy learning environment that supports the academic success of all students. In the United States, over 7 million children have asthma.<sup>1</sup> Of the absences caused by chronic conditions, asthma is one of the biggest contributors, causing over 10 million missed school days annually.<sup>2</sup> In a classroom of thirty, an average of three students will have asthma. When a child's asthma is well controlled, he or she stays in class, performs better academically, parents can remain at work and the community can benefit as a whole.

The Environmental Protection Agency has compiled data that shows how student performance is enhanced when children learn in a healthy school environment.<sup>3</sup> Students and school personnel face a host of issues directly related to asthma—potential asthma emergencies, absenteeism, decreased student and teacher productivity, increased visits to the school health office, access to life-saving emergency medications, and indoor and outdoor air quality to name a few. Schools must be prepared to manage these issues, creating a school environment that will promote student learning and wellbeing.

<sup>1</sup> Centers for Disease Control and Prevention. National Center for Health Statistics. National Health Interview Survey Raw Data, 2011. Analysis performed by the American Lung Association Research and Health Education Division using SPSS and SUDAAN software.

<sup>2</sup> Centers for Disease Control and Prevention. Asthma Prevalence, Health Care Use, and Mortality: United States, 2005-2009. National Health Statistics Reports; Number 32. January 12, 2011.

<sup>3</sup> Environmental Protection Agency. IAQ Tools for Schools. Improved Academic Performance: Evidence from Scientific Literature. [http://www.epa.gov/iaq/schools/student\\_performance/evidence.html](http://www.epa.gov/iaq/schools/student_performance/evidence.html).

In 2009, the American Lung Association convened a multi-disciplinary group of stakeholders to review current literature and identify policy strategies that would have the greatest impact on the burden of asthma in the U.S. The findings from this group were vetted by a broad range of experts and led to the release of the National Asthma Public Policy Agenda, which focused policy recommendations for schools, workplaces, homes, healthcare systems and financing, public health infrastructure and surveillance, and outdoor air. Within the school category, two primary areas of focus were outlined: (1) supporting comprehensive asthma management for students and (2) addressing the entire school environment.

**The following policy strategies will promote healthier, asthma-friendly learning environments for students:**

**All school systems should adopt and implement a comprehensive plan for the management of asthma that is based on current research and best practices.**

- Identify and monitor all students with a diagnosis of asthma.
- Obtain individualized Asthma Action Plans for all students with asthma to monitor and manage symptoms and reduce exposure to potential asthma triggers.
- Establish well-communicated, step-by-step standard emergency protocols for students without Asthma Action Plans as well as undiagnosed students with respiratory distress.
- Educate all school personnel (especially health service professionals, teachers, physical education teachers, and coaches) about asthma, including how to handle an asthma emergency.
- Provide a full-time registered nurse in every school, every day, all day.
- Ensure students with asthma know the policies and procedures to self-carry, self-administer and have access to quick-relief medications (i.e., Albuterol inhaler).
- Ensure that students whose asthma is not well controlled are provided with self-management education and case management.

**All school systems should adopt and implement an environmental assessment and management plan that addresses environmental asthma triggers.**

- Develop and implement indoor air quality (IAQ) management plans that address dampness problems, mold contamination, maintenance and repairs, cleaning, integrated pest management, and other factors as detailed in the **Environmental Protection Agency's IAQ Tools for Schools**.
- Require schools, grounds, facilities, vehicles and sponsored events to be 100 percent tobacco-free.
- Establish a protocol to minimize student exposure to outdoor air pollutants, including days with unhealthy levels of air pollution as well as pollution caused by bus and car idling.

By taking proactive steps to diminish the impact of asthma in the classroom, schools can reduce the number of asthma-related absences, reduce the number of asthma emergencies, and help safeguard students, faculty, and staff. More importantly, an asthma-friendlier atmosphere creates a healthier environment for all people, not just those affected by asthma.

# Breathing Difficulties Related to Physical Activity for Students with Asthma: Exercise-Induced Asthma (EIA)

## Information for Physical Educators, Coaches and Trainers

### First Aid for Exercise-Induced Asthma

If, during physical activity, you notice that a student is having difficulty breathing, coughing frequently, or wheezing (noisy when breathing out), it may be asthma:

- **STOP the student's** activity and encourage the student to sit and rest.
- **Call 911** immediately if student requests or is in severe distress—struggling to breathe, lips blue, unable to walk or talk.
- Follow the designated **asthma management plan** (individual student plan, if available, or school protocol).
- Follow the school protocol to **notify the school nurse** (or other designated staff) if medication is not available or if symptoms are not resolved within 5 to 10 minutes after using the inhaler.
- Never let a child with breathing problems leave the gym or field **alone**.
- If symptoms resolve, permit students to **resume activity** when they are ready, according to their asthma management plan.
- Follow the school protocol to **inform parents** of the event and document actions taken.



# Tips for School Staff and Coaches

- **Follow the student's asthma action plan.** If plan recommends, allow student to pre-medicate before exercise. Know how to easily access the action plan. Ask the school nurse if you have any questions.
- **Be sure that the student's medications are available** for exercise activities that take place away from school or after regular school hours. This preventive medicine enables most students with exercise-induced asthma to participate in any sport.
- **Have students do warm-up and cool down** activities with all exercises. This will help students with asthma.
- **Keep student's quick-relief medication available.** Even with medication, breathing problems can occur. Learn the signs of severe distress and allergic reactions. Have an emergency plan. Don't delay getting medical help for a student with severe or persistent breathing problem.
- **Maximize participation and minimize the risks** by establishing good communication among parents/guardians, student, health care provider, and other school staff.
- **Encourage exercise and participation** in sports for students with asthma. When asthma is under good control students are able to play most sports. A number of Olympic medalists have asthma.
- **Recognize and respect a student's limits.** Plan to adjust the type, pace, or intensity of activities during extreme weather, the pollen season, poor air quality days, or when a student has allergy symptoms. Permit less strenuous activities if student had a recent illness.
- **Take extra care with a student who has symptoms or who has just recovered from an asthma attack.** Review and follow the student's asthma action plan and check peak flow if the student uses a peak flow meter. Follow the schools emergency response plan if the student's symptoms are getting worse.







## MANAGEMENT OF ASTHMA EXACERBATIONS: School Treatment

### Steps to Follow for an Asthma Episode in the School Setting When a Nurse is Not Available

#### Be prepared. Know which students have asthma and where their medicine is kept.

Be alert for students who may have asthma symptoms. Symptoms can become progressively worse and lead to severe, even life-threatening asthma attacks. Treating symptoms promptly can prevent this and allow the student to resume school activities.

**Common symptoms of an asthma episode include one or more of these things:** Coughing, wheezing (which can sound like noisy breathing or whistling in the chest), difficulty or discomfort when breathing, tightness in the chest (a sensation of heavy weight on the chest or chest pain), shortness of breath, and breathing hard and/or fast.

**If a student has asthma symptoms or complaints** and needs your assistance,\* take these steps.

- » **Quickly evaluate** the situation. **Call 911** if the student is **struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- » **NEVER LEAVE A STUDENT ALONE.** Have an adult accompany the student to the health room or send for help from a school nurse or designee. **Do not wait.**
- » **Stop the student's activity.** If the episode began after exposure to an allergen or irritant,\*\* remove the student from the allergen or irritant, if possible. Help the student be calm and in a comfortable position.
- » **Help the student locate and take his/her prescribed quick-relief inhaler medicine.**
- » **Contact the parent/guardian.**
- » **Repeat quick-relief inhaler medicine in 20 minutes** if student is still having trouble breathing.

#### Call 911 if any of the following occur:

- » If the student is **struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- » If the **student doesn't improve** after two administrations of quick-relief medicine, and nurse/designee or parent/guardian is not available.
- » If no quick-relief medicine is available, **the student's symptoms have not improved** spontaneously, and nurse/designee or parent/guardian is not available.
- » If you are unsure what to do.

#### Remember:

\* Many students who carry their own medicine may be able to self-manage asthma episodes. They should follow the school protocol. Provide support as needed.

\*\* Common asthma allergens and irritants include tobacco smoke, pollens, furry animals, cockroach droppings, dust mites, chalk dust, or strong odors (for example, from cleaning products, paints, or perfume).

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# Health Report

**Student** \_\_\_\_\_ **Date** \_\_\_\_\_

**School** \_\_\_\_\_

## Dear Parent/Guardian:

The school nurse or other staff member has observed the following symptoms and behaviors in your child.

- Required quick-relief medication of \_\_\_\_\_ on \_\_\_\_\_  
The student's response was \_\_\_\_\_
- Appears to be requiring quick-relief medication
- more than once a week     more than three times a week
- Does not appear to be responding to quick-relief medication at usual doses
- Requests a visit to the school nurse more than once a week
- Has been absent from school more than \_\_\_\_\_ times in the past month
- In the past two weeks has had the following symptoms:
- |   |   |
|---|---|
| <input type="checkbox"/> coughing spells        | <input type="checkbox"/> wheezing                         |
| <input type="checkbox"/> chest tightness        | <input type="checkbox"/> shortness of breath              |
| <input type="checkbox"/> being unusually sleepy | <input type="checkbox"/> sleep disturbances due to asthma |

Your child's asthma does not appear to be well controlled at this time, please contact your child's healthcare provider (doctor or nurse).

Please contact me by phone at \_\_\_\_\_ or email me at \_\_\_\_\_  
to discuss the above information and answer any questions you may have.

Sincerely,

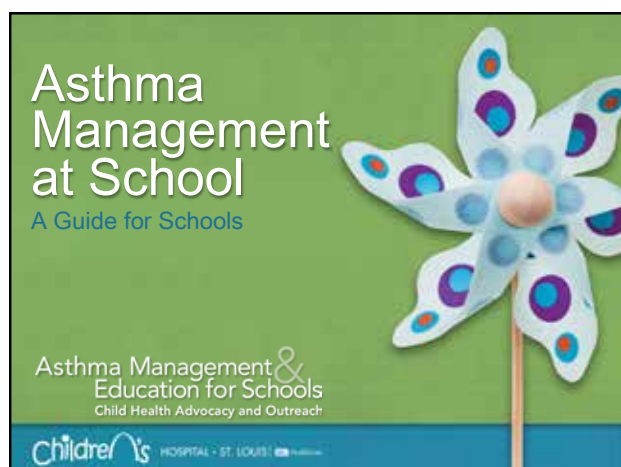
School Nurse

# Asthma PowerPoint for School Staff

The following PowerPoint can be used as an in-service for school staff to review asthma information. The information should be used as a guide to assist staff in their interactions with students that have asthma. School policies should be followed.

**Click here for the full-size PowerPoint document.**


**If a child tells you he or she can't breathe:**  
Believe them. Respond to them. Treat them.



## What is Asthma?

**Definition:**

- Recurring episodes of wheezing, breathlessness, chest tightness, and cough
- Chronic inflammatory disorder of the airways
- Airflow obstruction that is reversible spontaneously or with treatment




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## What Happens During an Asthma Episode?

**Airflow is limited because:**



- breathing tubes become swollen
- exaggerated muscle contraction causing narrow airways
- formation of thick mucus that further limits airflow



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## Need to Know

- Asthma can be **controlled** (not cured)
- Symptoms vary from child to child

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## Asthma is Controlled When Children

- Have no signs of asthma
- Exercise and play like other children
- Sleep through the night
- Go to school regularly
- Limit asthma related hospital/ ER visits

Long term lung damage is prevented when **asthma is well controlled**.



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## Asthma Triggers



- Pets (animal dander)
- Weather changes
- Food allergies
- Exercise
- Seasonal allergies
- Mold and pollen
- Smoke
- Emotions
- Cockroaches
- Viruses or infections
- Dust mites
- Strong odors



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## Environmental Controls for Classrooms



No furry or feathered pets



Keep it dry, prevent mold or mildew



Remove dust



Smoke residue on clothes



Keep it clean, avoid pests



Strong scents



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## The Asthma Zones

Asthma is always present in one zone or another...



**GREEN**  
**YELLOW**  
OR  
**RED**



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## To Stay in the Green Zone

- Use controllers daily.
- If a child has exercise induced asthma, Albuterol should be used 10-15 minutes before the start of warm ups or the activity.
- AVOID your triggers. If you know you will be exposed to triggers, use your quick relief/rescue medicine before symptoms start.



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## Asthma Action Plan

**GREEN**  
**YELLOW**  
**RED**

The form is titled 'Asthma Action Plan' and includes sections for 'Green Zone (Good)', 'Yellow Zone (Caution)', and 'Red Zone (Emergency)'. Each section lists specific actions to take, such as using inhalers, contacting a healthcare provider, or seeking emergency care. There are checkboxes and lines for recording dates and times.



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## The Yellow Zone

- As soon as **early warning signs** are noticed, **Albuterol**, a quick acting/rescue medicine should be given.
- Late signs and possible ER visits can often be avoided by treating symptoms early.



## Early Warning Signs

- Funny feeling in chest
- Sneezing
- Coughing
- Runny nose
- Wheezing
- Unable to sleep at night

### Other Early Signs:

- Headache
- Fast heartbeat
- Stuffy Nose
- Glassy eyes
- Itchy throat
- Feeling tired
- Poor appetite
- Stomach ache



## The Yellow Zone: Watch Out!

### Early Signs of Asthma:

- Cold symptoms
- Coughing day or night
- Wheezing day or night
- Funny feeling in chest

• My first sign: \_\_\_\_\_

• Peak flow: \_\_\_\_\_  
(Below 50% of best)

First — give:

■ Albuterol 2-4 puffs or 1 nebulizer 1-3 times in first hour

■ Call your Doctor or Nurse if not in Green Zone after first hour.

Next — if asthma is better after first hour, you may give:

■ Albuterol 2-4 puffs or 1 nebulizer every 4 hours as needed

Call your Doctor or Nurse if:

- Albuterol needed more often than every 4 hours.
- Albuterol needed every 4 hours for more than 1 day.

Keep taking other Green Zone medicines.



## The Red Zone

- Late signs of asthma can be very scary!
- Rescue medication should be give immediately per asthma action plan.
- Call the doctor.
- If no improvement or you cannot reach doctor, go to nearest ER or call 911.



## Late Signs

- Very hard time breathing
- Neck and chest muscles sink in and stomach pushes out quickly during breathing
- Constant coughing
- Feeling very tired or dizzy
- Not able to play
- Trouble walking, talking or eating
- Vomiting
- Blue lips or fingers



## The Red Zone: Emergency!

First — give now:

■ Albuterol 6 puffs or 1 nebulizer

■ AND call your Doctor or Nurse.

Next — if you cannot reach your Doctor or Nurse immediately, give:

■ Albuterol 6 puffs or 1 nebulizer

(oral steroid)

■ AND go to the nearest emergency room or call 911.

### Late Signs of Asthma:

- Tight chest
- Breathing hard or fast
- Using neck or stomach muscles to breathe
- Constant coughing
- Trouble talking or walking
- Vomiting
- Lips or nails blue

• Peak flow below: \_\_\_\_\_  
(Below 50% of best)



## During an Asthma Episode

- Stay calm for the child.
- Stop the activity or remove child from the trigger.
- Take the child to the school nurse. **Never** send the child alone.
- Follow asthma action plan to administer **quick-relief/rescue medicine** (Albuterol).



## Let the School Nurses Know

- Concerns you have about a child's asthma
- A child in your class coughs a lot or is short of breath
- A child that is tired all the time in class (child might be up coughing at night)
- Absenteeism: 3 or more days per month
- A child that is holding back from participating in physical activities

## Coaches and PE Teachers

- Children with asthma should be able to participate in activities if their asthma is controlled.



## Teach Children to

**TELL AN ADULT** when they are having trouble.

## Now, You Know!

**For More Information, Contact:**  
Asthma Management & Education for Schools (AMES) Program  
phone: 314-286-0947  
email: [HealthyKidsExpress@bjc.org](mailto:HealthyKidsExpress@bjc.org)

