Responsive Schools:
Creating Management and Support Systems for Students with Asthma

Sam would rather stay home from school on Tuesdays. Now that it is spring, his physical education class meets outdoors for team games. The grass and blooming trees surrounding the field make him cough and wheeze. His classmates know that Sam can’t run much because of his asthma, so he is always picked last for the team.

Introduction

Impact of Asthma on Schools and Students
The Federal Response
Asthma Case Management At a Glance
How Schools Can Take Action
Professionals Who Play a Key Role
Key Missteps To Avoid
Tools and Resources

Introduction

The prevalence of asthma increased 74 percent among children 5-14 between 1980 and 1994. About 1 in 15 U.S. school children have asthma, and each year asthma accounts for 14 million missed days of school. Rarely is a child’s absence caused by improper medication or poor medical treatment; the main culprit often is inadequate case management once the student is at school. And many parents keep their children home from school for that very reason: they are worried that the student’s asthma will not be properly addressed, according to Howard L. Taras, Chairman of the American Academy of Pediatrics Committee on School Health.

This Web report follows a recent 160-participant teleconference among school and health professionals on “Improving Attendance, Improving Achievement for Students with Asthma,” conducted by Urban Special Education Leadership Collaborative at Education Development Center,
Inc., (EDC) in collaboration with the ILIAD IDEA Partnership, a project funded by the U.S. Department of Education, Office of Special Education Programs. Some students with asthma are served under IDEA 97 because of limited strength, vitality, or alertness. (Check out the Individuals with Disabilities Education Act (IDEA) Web site: http://www.ideapractices.org)

Schools have had tremendous success with establishing asthma management programs. With an effective program, schools can reduce absences, reduce disruption in the classroom, and be prepared to address routine treatment as well as emergencies. Students who receive proper asthma care show improved grades and perform better in physician education classes, according to research from the National Heart, Lung, and Blood Institute (NHLBI). Effective asthma management also improves children’s quality of life.

Everyone at school is a key player: the principal, school nurse, classroom teachers, physical education teachers and coaches, and students. Numerous resources exist to help them get started or improve their programs.

“We must think creatively about how to simultaneously meet a child’s educational and health needs. It takes communication and collaboration among schools, health care professionals, the child, and families,” said Judy Zorfass of EDC, an expert in the education of students with special needs.
Impact of Asthma on Schools and Students

- Low-income populations, minorities, and children living in inner cities experience disproportionately higher morbidity and mortality due to asthma, according to the CDC.
- Students who are coping with asthma-related lack of sleep, medication side-effects, low self esteem, doctor/hospital visits, absenteeism, going to the school nurse every day to take medications can experience greater difficulties with school work and peer relationships, according to the National Education Association.
- When children are absent, they often are unaware of which concepts and skills they are missing.
- If they have been up and coughing through the night, they might be too tired the next day to concentrate on academics.
- If they make frequent trips to the nurse’s office, they lose valuable classroom time.
- If they have side effects from their medications—headaches, fatigue, hand tremors, stomachaches, confusion or memory loss—their school performance is reduced.
- When teachers and fellow students perceive children with asthma as being too vulnerable they miss opportunities to interact with and learn from peers.
- School buildings and environments are filled with asthma triggers, such as mold, chemicals, and germs. Twenty percent of U.S. public schools have indoor air quality problems, according to the General Accounting Office. (Many environmental contaminants such as mold or airborne bacteria or chemicals cause other problems that damage student’s performance, such as memory loss, confusion, or grogginess.)
- People with asthma have higher rates of depression, sometimes reported at rates of 20-50 percent. “Missing school days, not being able to play with other children, waking up in the middle of the night with an asthma attack and going to the emergency room can lead to feelings of helplessness in children with asthma,” according to the American Academy of Allergy, Asthma, and Immunology. Such feelings often result in poor self-care for asthma and a worsening of symptoms.
The Federal Response

To help schools build and maintain an asthma management program, the Centers for Disease Control and Prevention (CDC) has outlined six key steps and drawn up actions for each:

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.

Strategies for Addressing Asthma Within a Coordinated School Health Program, which provides step-by-step guidance for each step, is available at:

- http://www.cdc.gov/healthyyouth
- http://www.cdc.gov/asthma

Check http://www.nlm.nih.gov/hmd/breath/asthma.html for connections to dozens of online resources about asthma, compiled by the National Library of Medicine.

The Environmental Protection Agency has developed easy-to-implement, low cost programs that schools can use to improve the school environment:

- Additional indoor air quality tools are available at http://www.epa.gov/iaq/schools/tools4s2.html
Asthma Case Management At a Glance

“The goal of every asthma management plan is to eliminate and prevent symptoms, recognize and respond to the earliest symptoms of an asthma flare, and know what to do in case of an emergency situation.”

Allergy and Asthma Network, Mothers of Asthmatics, Inc.

Every student with asthma will benefit from an action plan or a case management plan, which is placed on file with the school nurse or office. An effective plan addresses the impact of asthma on the child’s education, environmental control, and medication. Asthma action plans are effective tools to help parents make strong connections with schools and to help schools develop a coordinated response.

Communications are essential, such as letters to parent/guardian, letters to health care professionals, and detailed case management flow sheet and detailed asthma report.

Case management can include the following:

• Self-management programs can teach children and families about asthma prevention and treatment.

• Pediatricians and nurses can monitor adverse side effects of asthma medications to ensure that students are ready to learn.

• A multi-disciplinary team that includes the school nurse, guidance counselor, classroom teacher, psychologist, and administrator, can assess students’ educational needs by looking at the students’ work, examining test scores, and observing classroom behavior.

• These teams should differentiate between health and education accommodations. For example, carrying an inhaler to class is an accommodation for a health problem. Providing the student with a software simulation to develop math concepts as home, after a long absence, is an academic accommodation.

• Students, with needed supports and adaptations, should be encouraged to participate in physical, social, and educational activities to promote learning and build self-esteem and confidence.

• Older students can develop self-monitoring strategies to take responsibility for their own learning.
How Schools Can Take Action

What can schools do? How much is possible, given how many demands are placed on the academic day? Government agencies, state programs, and nongovernmental organizations have launched initiatives to help schools establish strategies that will prevent and treat asthma, while not intruding excessively into the school’s primary task of education.

   School Planning and Management
   Curriculum and Education
   Policies
   Services
   Environment

School Planning and Management
A number of agencies and organizations have developed comprehensive packages to help schools develop a multidisciplinary approach that involves staff at all levels, families, and students.

The National School Boards Association (http://www.nsba.org) has developed a comprehensive workbook that covers all aspects of school policies and practices regarding asthma management. The materials contain numerous tools, examples, and role-specific checklists. Asthma and Schools: Information and Tools for Making Informed Decisions About School Policies and Practices can be ordered by contacting NSBA at 1680 Duke Street, Alexandria, VA 22314-3493, 703-838-6722.


The National Asthma Education and Prevention Program of the National Heart, Lung, and Blood Institute Information Center http://www.nhlbi.nih.gov/about/naepp has developed a number of products for schools to use in asthma case management:

   Managing Asthma: A Guide for Schools
   Asthma Awareness Curriculum for the Elementary Classroom
   Asthma and Physical Activity in the School
   Making a Difference: Asthma Management in the School (video)
**Curriculum and Education**

Education about asthma can build students’ confidence and encourage them to strive for the very-achievable goal of symptom-free school days. In-class instruction in asthma management is especially helpful to younger students who may be adjusting to the condition and uncertain about how to manage it smoothly in school. Many curricula are available to help students with asthma and their teachers understand asthma and learn to make decisions about managing it.

Open Airways is an asthma management program for students ages 8-11. The interactive six-session program, developed by the American Lung Association (http://www.lungusa.org/asthma), aims to help children with asthma feel more confident about their care, feel healthier, and thus feel ready to learn at school. (http://www.lungusa.org/school/oas.html) The program can be ordered by calling 1-800-586-4872.

The Asthma and Allergy Foundation of America (http://www.aafa.org) has an education program for middle grades students, *Power Breathing Program*. A 3-4 session program, it focuses on the special challenges of teens. It can be ordered by calling 202-466-7643, ext. 230.

**Policies**

School asthma management efforts are strengthened by policies that support the need for basic measures such as the following, as identified by the National Asthma Education and Prevention Program:

- a smoke-free environment
- availability of a school nurse
- medication policies
- emergency plan for urgent situations
- staff development for all school personnel on all asthma-related issues
- policies that support the development of a healthy environment.

Such policies can help caretakers clarify their roles and responsibilities regarding children with asthma. To improve your school policies, services, and environment, see the National Heart, Lung,
and Blood Institute’s PowerPoint slide set on asthma at

Services
Schools with sufficient resources can offer a variety of services related to screening, assistance with medication, and treatment. Some schools have school nurses; others contract with a physician for a limited number of hours per month.

CDC has compiled information on “States that Require Districts or Schools to Provide Health Services by Type of Service
http://www.cdc.gov/nccdphp/dash/shpps/summaries/health_serv/table3_2.htm

Environment
School buildings contain many materials that can trigger asthma attacks, such as dust, mildew, carpeting, animal dander. Excessive temperatures or humidity, outdoor pollutants, and cleaning solutions are also present in many schools.

The Environmental Protection Agency has developed Indoor Air Quality Tools for Schools: Managing Asthma in the School Environment.
http://www.epa.gov/iaq/schools/asthma/index.html

Additional indoor air quality tools are available at http://www.epa.gov/iaq/schools/tools4s2.html
Professionals Who Play a Key Role

Parents, teachers, students, community members and health care professionals each have a role to play in controlling asthma at school.

Many students will attend school even when their symptoms are intense, notes Karen Drezner of the Children’s Health Fund in New York City. Her organization developed *Stay ahead of Asthma: A Survival Guide and Organizer for Parents* (in English and Spanish) [http://www.childrenshealthfund.org](http://www.childrenshealthfund.org) to help parents track their child’s asthma and care. “Schools can really provide many opportunities for parents to be educated and can build bridges between families and the medical community,” she noted.

[http://www.breatherville.org/breatherville.htm](http://www.breatherville.org/breatherville.htm) created by the Allergy & Asthma Network/Mothers of Asthmatics is designed by parents and offers suggestions and resources for action in many areas.
Key Missteps to Avoid

Dr. Howard Taras of the American Academy of Pediatrics has worked in many schools providing consultation and assistance. School-based asthma control has much promise, he noted, while suggesting several key issues concerning physician/health care provider partnerships with the school system:

Missteps to Avoid

- Don’t rely exclusively on parents for health information about the child. Many parents are not bothered if their child misses physical education, and might underestimate the severity of asthma symptoms.
- Don’t assume that doctors can insist that students come to see them.
- Sometimes schools are the first to notice that a child is overusing his or her medication in order to gain control of the asthma.
- Physicians face many barriers in trying to contact schools. Pressed for time, they often do not have information about the child’s school, the correct phone number, the person to call. Schools can help by providing community medical offices with a roster of schools and phone numbers.
- Health care professionals may not have the time or sufficient equipment to teach proper techniques with inhalers.
Tools and Resources

Sample forms for schools
Numerous organizations and school districts have prepared information and materials on how schools can best manage asthma among students.

One way to keep students with asthma healthy in school, and succeeding, is by creating and implementing a case management system that brings together general and special education practitioners, the family, school health professionals, and pediatricians. The San Diego City Schools has implemented numerous procedures and protocols to manage asthma. See resources below.

Asthma Action Plan
Letter to parents regarding absences
Letter to health care professionals regarding student’s health
Sample district asthma resource list
Asthma Case Management Flow Sheet
Asthma Student Roster
School Asthma Survey
HealthLink Asthma Report
Protocol for Asthma Management
Recommended District Policy for Carpeting in Schools
Administrative Procedure: Medication

Internet Resources

General

• American Academy of Pediatrics Committee on School Health: http://www.schoolhealth.org/section.html
• The Individuals with Disabilities Education Act (IDEA) Web site: http://www.idea实践活动.org
• Strategies for Addressing Asthma Within a Coordinated School Health Program, which provides step-by-step guidance for each step, is available at:
  o http://www.cdc.gov/healthyyouth
• For connections to dozens of online resources about asthma, check http://www.nlm.nih.gov/hmd/breath/asthma.html, compiled by the National Library of Medicine.

**School Environment**

• The Environmental Protection Agency has developed *Indoor Air Quality Tools for Schools: Managing Asthma in the School Environment.* – http://www.epa.gov/iaq/schools/asthma/index.html
• Additional indoor air quality tools are available at http://www.epa.gov/iaq/schools/tools4s2.html

**Policies and Practice**

• The National School Boards Association (http://www.nsba.org) has developed a comprehensive workbook that covers all aspects of school policies and practices regarding asthma management. The materials contain numerous tools, examples, and role-specific checklists. *Asthma and Schools: Information and Tools for Making Informed Decisions About School Policies and Practices* can be ordered by contacting NSBA at 1680 Duke Street, Alexandria, VA 22314-3493, 703-838-6722.

• http://www.SchoolAsthmaAllergy.com provides accurate, current and useful tools and information for all adults at school who care for children with asthma and allergies.
• To improve your school policies, services, and environment, see the National Heart, Lung, and Blood Institute’s PowerPoint slide set on asthma - http://hin.nhlbi.nih.gov/naepp_slds/menu.htm#schl
• CDC has compiled information on “States that Require Districts or Schools to Provide Health Services by Type of Service – http://ww.cdc.gov/nccdphp/dash/shpps/summaries/health_serv/table3_2.htm
• The National Asthma Education and Prevention Program of the National Heart, Lung, and Blood Institute Information Center at the National Heart, Lung, and Blood Institute http://www.nhlbi.nih.gov/about/naepp has developed a number of products for schools to use in asthma case management:
  o *Managing Asthma: A Guide for Schools*
  o *Asthma Awareness Curriculum for the Elementary Classroom*
Curriculum and Education

- Open Airways is an asthma management program for students ages 8-11. The interactive six-session program, developed by the American Lung Association (http://www.lungusa.org/asthma), aims to help children with asthma feel more confident about their care, feel healthier, and thus feel ready to learn at school. (www.lungusa.org/school/oas.html)
- The Asthma and Allergy Foundation of America (http://www.aafa.org) has an education program for middle grades students, Power Breathing Program.

For Parents and Community Members

- To improve your school policies, services, and environment, see the National Heart, Lung, and Blood Institute’s PowerPoint slide set on asthma (http://hin.nhlbi.nih.gov/naepp_slds/menu.htm#schl).
- Stay ahead of Asthma: A Survival Guide and Organizer for Parents (in English and Spanish) http://www.childrenshealthfund.org
- http://www.breatherville.org/breatherville.htm created by the Allergy & Asthma Network/Mothers of Asthmatics is designed by parents and offers suggestions and resources for action in many areas.
San Diego City Schools
Wellness Program

Asthma Action Plan (includes Authorization for Asthma Medications at School)

Child’s Name: ________________________ Birthdate: ________ Grade: ___ School: ______

The following is to be completed by the PHYSICIAN:
1. Asthma severity: __mild intermediate; __mild persistent; __moderate persistent; __severe persistent

2. Medications (at school AND home):
   A. QUICK-RELIEF or “Rescue” Medication Name
      1. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________
      2. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________
   B. ROUTINE Med Name (eg anti-inflammatory)
      1. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________
         Time of day ___________________________________
      2. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________
   C. BEFORE PE, Exertion: Medication Name
      1. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________
      2. ____________________________________________ MDI, Oral, Neb? __________________________
         Dosage or No. of Puffs __________________________

3. For student on inhaled medication (all students must go to health office for oral medications)
   □ Assist student with medication in office; □ Remind student to take medication; □ May carry own medication, if responsible

4. Circle Known Triggers: tobacco pesticide animals birds dust cleaners car exhaust perfume mold cockroach cold air exercise Other: ________________________________________________________

5. Peak Flow: Write patient’s “personal best” peak flow reading under the 100% box (below): Multiply by .8 and 5 respectively

<table>
<thead>
<tr>
<th></th>
<th></th>
<th>Green Zone</th>
<th>80%</th>
<th>Yellow Zone</th>
<th>50%</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td>Peak flow</td>
<td></td>
<td>Starting to cough, wheeze or feel short of breath</td>
<td>Cough, short of breath, trouble walking or talking</td>
</tr>
<tr>
<td>100%</td>
<td></td>
<td>Peak flow</td>
<td></td>
<td>At home/school: Give Quick-Relief med. – Notify Parent/Parent/MD: Increase Controller Dose</td>
<td>At home/school: Take Rescue Meds, if student improves to “yellow zone”, send student to doctor or contact doctor. If student stays in “red zone,” begin Emergency Plan.</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Peak flow</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Emergency Plan at School: If student has: (a) No improvement 15 – 20 minutes AFTER initial treatment with rescue medication; or (b) Peak flow is <50% of usual best, or (c) Trouble walking, or talking; or (d) Chest/neck muscle retract with breaths, hunched, or blue color. Then: (1) Give rescue meds; Repeat in 20 min if help not arrived; (2) Seek emergency care (911); (3) Contact parent.

In Yellow or Red Zone? Students with symptoms who need to use “rescue meds” frequently may need change in routine “controller” medication. Schools must be sure parent is aware of each occasion when student had symptoms and required medication.

Physician’s† Name (print) ________________________ Signature ________________________ Date: ________________________

Office Address: __________________________________________ Office Telephone #: __________

† Includes nurse practitioner or other health care provider as long as there is authority to prescribe.

The following is to be completed by the PARENT OR GUARDIAN requesting medication in school:
- An adult must deliver the medication and this completed form to the school.
- This form will be completed again by the doctor every year (or more often if doctor has put a time limit on the prescription).

I request that the school nurse or other designated person administer medications as directed by the physician (above). I authorize school health professional to communicate with the prescribing physician, if I am notified, when the school or physician wants more information about school asthma symptoms or management. I agree to save and hold the district, its officers, employees, or agents harmless from all liability, suits or claims, of whatever nature or kind which might arise as a result of administering the medication in accord with this request.

Parent(s)/Guardian(s) Signature: ________________________ Date: __________ Home Phone Number: ________________________

Emergency Telephone Number(s) / Names of contact: ________________________

HE 400
9/03/02
We’ve Missed Your Child at School!

Date ____________________________

Dear ____________________________ [name of parent/guardian]:

Asthma causes kids to miss school. We want to keep San Diego’s children healthy, in school and ready to learn.

Why Are We Writing You?

We’re worried because ____________________ has missed about ______ days since ______/____/____. We think these absences may be due to asthma or other preventable illnesses.

We Want to Help

We urge you to call your child’s doctor directly, or we can help you set up a doctor’s appointment. Your doctor can help you manage your child’s asthma.

We have also written to ____________________ [name of doctor], asking for help because of your earlier permission to contact the doctor, if needed.

Let’s Talk Further

I will call you in about a week to follow up. Please feel free to call me, though, if you have questions, concerns, or other information for me. My number is written below.

Please also let me know if your child doesn’t have a regular health care provider or health insurance. Your child may be eligible for health insurance coverage at little or no cost.

Thank you very much for your time.

Sincerely,

______________________________
School Nurse

School: ______________________ Telephone: ( ) ______________ Fax: ( ) ______________

Best time to reach school nurse:

☐ Mon ______  ☐ Tues ______  ☐ Wed ______  ☐ Th ______  ☐ Fri ______

HE 408  
12/02/02

"The mission of San Diego City Schools is to improve student achievement by supporting teaching and learning in the classroom."

2
San Diego City Schools
Wellness Program

Date ________________________________

Dear _______________________________ [name of provider]

Asthma may be affecting your patient’s school performance.

We are writing about your patient, ________________________________

Birth date ________________________________

The following information is being provided for your information and records:

☐ Missed ________ days in ________ (period of time), possibly due to asthma.
☐ Is not complying with asthma medication at school or the treatment plan you have provided.
☐ Is not participating in P.E. because of symptoms related to asthma.
☐ Visits school health office frequently because of symptoms related to asthma.
☐ Has required emergency management of asthma (e.g.: 911, ER referral).
☐ Our history and observations reveal that this student’s asthma severity has changed (see chart).

<table>
<thead>
<tr>
<th>Please ✓ Appropriate Box</th>
<th>Days w Symptoms</th>
<th>Nights w Symptoms</th>
<th>PEF variability</th>
</tr>
</thead>
<tbody>
<tr>
<td>✓ Severe Persistent</td>
<td>Continual</td>
<td>Frequent</td>
<td>&gt; 30%</td>
</tr>
<tr>
<td>✓ Moderate Persistent</td>
<td>Daily</td>
<td>&gt; 4 per month</td>
<td>&gt; 30%</td>
</tr>
<tr>
<td>✓ Mild Persistent</td>
<td>&gt; 2 per week</td>
<td>3 to 4 per month</td>
<td>20 – 30%</td>
</tr>
<tr>
<td>✓ Mild Intermittent</td>
<td>&lt; 2 per week</td>
<td>&lt; 2 per month</td>
<td>&lt; 20%</td>
</tr>
</tbody>
</table>

The family was asked to schedule an appointment with you. Parents have provided permission for us to exchange information (attached or shown below).

Please help with the following, either before or after the patient’s next appointment:

☐ Please send us an “Asthma Action Plan” (attached form) so we can assist with your management plan.
☐ Student has no Peak Flow Meter. Please prescribe one so that we may better assist with management.
☐ Please prescribe a “Spacer.” This student’s technique with MDI was observed and is not adequate.
☐ Requires an additional MDI ____________ (medication name) at school for optimal availability/safety.
☐ Please reassess this child and his/her current medical regimen. (See symptoms/severity above.)
☐ Other ______________________________________

Please contact us if there are questions or concerns. Thank you!

Sincerely,

School Nurse (Sign and Print)

District Medical Consultant ________________________________ Wellness Program Manager ________________________________

School: ________________________________ Ph: [ ] Fax: [ ] Best days/time: [ ]

I permit my child’s doctor (named above) to communicate with school staff regarding my child’s asthma.

Parent’s Signature ___________________________ Date ____________

HE 409
04/23/02
San Diego City Schools
Wellness Program
Asthma Resource List

1. Authorization for asthma education or an asthma management program must be obtained from the health plan or medical group. The student’s primary care physician must be involved in the decision to refer to such programs.
2. Please encourage the student’s primary care physician to utilize programs the student may have access to base on health plan/medical group.
3. For students who do not have a physician or insurance, please refer to Open Airways or Children’s ADM program for assistance.

<table>
<thead>
<tr>
<th>Medical Managed Care Plans:</th>
<th>Community Providers:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blue Cross</td>
<td>American Lung Association</td>
</tr>
<tr>
<td>1-800-407-4627 x3581</td>
<td>Open Airways: 619-297-3901</td>
</tr>
<tr>
<td>Can access Children’s ADM Program</td>
<td>Contact: Leslie Ascencio</td>
</tr>
<tr>
<td>Community Health Group</td>
<td>Children’s Hospital &amp; Health Center</td>
</tr>
<tr>
<td>1-800-224-7766</td>
<td>Asthma Disease Management Program: 858-495-4941 x3533</td>
</tr>
<tr>
<td>Can access Children’s ADM Program</td>
<td>Rose Baxter, RN/RT Case Manager</td>
</tr>
<tr>
<td>Health Net</td>
<td>Kaiser Permanente</td>
</tr>
<tr>
<td>Education Info Line: 1-800-804-6074</td>
<td>Health Educator: 619-641-4185</td>
</tr>
<tr>
<td>Medi-Cal Educator: 619-521-4932</td>
<td>Contact Connie Zaragoza</td>
</tr>
<tr>
<td>Classes, videos, handouts</td>
<td>Asthma education For Kaiser members</td>
</tr>
<tr>
<td>Kaiser</td>
<td>Mid-City Clinic</td>
</tr>
<tr>
<td>Health Educator: 619-641-4185</td>
<td>Educational material and outreach</td>
</tr>
<tr>
<td>Classes (children and adults) peak flow meters, spacers</td>
<td>619-563-250 x2615</td>
</tr>
<tr>
<td>Can access Children’s ADM Program</td>
<td>Contact: Beth Mozo</td>
</tr>
<tr>
<td>Sharp Advantage</td>
<td>Naval Medical Center, San Diego</td>
</tr>
<tr>
<td>1-800-359-2002</td>
<td>Pediatric Asthma Education for Parents</td>
</tr>
<tr>
<td>Classes (children and adult) asthma information case management, peak flow meters, spacers</td>
<td>Contact LTJG Carey Chopko: 619-532-8819</td>
</tr>
<tr>
<td>Can access Children’s ADM Program</td>
<td></td>
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<tr>
<td>UCSD Health Plan</td>
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</tr>
<tr>
<td>Health Educator: 619-294-6056</td>
<td></td>
</tr>
<tr>
<td>Universal Care</td>
<td></td>
</tr>
<tr>
<td>Health Educator Department: 1-800-635-6668 x5055</td>
<td></td>
</tr>
<tr>
<td>Classes, newsletter, peak flow meters, case management, asthma information</td>
<td></td>
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</tbody>
</table>

Asthma Resource Web Sites:

www.gazoonline.com
www.SchoolAsthmaAllergy.com
www.aaaai.org  (American Academy of Allergy, Asthma and Immunology)
www.niaid.nih.gov  (National Institute of Allergy and Infectious Disease)
### San Diego City Schools
Wellness Program

**Asthma Case Management Flow Sheet**

#### Identifying Information

<table>
<thead>
<tr>
<th>Date Initiated:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Name:</td>
</tr>
<tr>
<td>ID #:</td>
</tr>
<tr>
<td>School:</td>
</tr>
<tr>
<td>School Nurse:</td>
</tr>
<tr>
<td>Health Care Provider(s):</td>
</tr>
</tbody>
</table>

Permission to Contact Provider(s): ☐ Yes ☐ No

#### Medical History

**Asthma Diagnosis:**
- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent
- Exercised Induced

Severity Established by: M.D.; School Nurse by HX

**Known Allergies:**

**Asthma Diagnosis:**
- Mild Intermittent
- Mild Persistent
- Moderate Persistent
- Severe Persistent
- Exercised Induced

Severity established by: M.D.; School Nurse by HX

**Known Triggers:** Dust mites, molds, pollens, animal dander, feathers, cockroaches, cold, exercise, colds, sinus infections, cigarette smoke, chemicals, exhaust, foods, yelling, crying, laughing.

Other: __________________________________________

Hospitalizations for Asthma: ________________

ED Visits for Asthma: ________________

911 Calls for Asthma: ________________

Total Days Absent: ________________

Days Absent Known to be due to Asthma: ________________

**F/U Pneumonia Immunization:** ☐ Yes ☐ No

Allergy Desensitization: ☐ Yes ☐ No
### Nursing Interventions

<table>
<thead>
<tr>
<th>Intervention</th>
<th>Yes</th>
<th>No</th>
<th>Date(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td>District Absence Letter to Parent</td>
<td></td>
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<tr>
<td>District Absence Letter to Physician</td>
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<tr>
<td>Contact with SARB</td>
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<tr>
<td>Contact with CPS</td>
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<tr>
<td>Assistance with Insurance Enrollment, if none</td>
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<tr>
<td>Home Visit Relating to Asthma</td>
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<tr>
<td>Referral to Scamp Camp (Asthma Camp)</td>
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<tr>
<td>Referral to Asthma Education Program Through HMO or Provider</td>
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<tr>
<td>Open Airways Program at School</td>
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<tr>
<td>Referral to Asthma Support Group</td>
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<tr>
<td>Trigger Identification at School</td>
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<tr>
<td>Referral to Smoking Cessation Program</td>
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<tr>
<td>Asthma Education and Emergency Procedures for Coach</td>
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<tr>
<td>Parent Education and Counseling Regarding Asthma</td>
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<tr>
<td>Student Education and Counseling Regarding Asthma</td>
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<tr>
<td>Information to Parent Regarding Environmental Controls (HEPA filters, mattress covers, etc.)</td>
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<tr>
<td>Nebulizer at School</td>
<td></td>
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<tr>
<td>Back-Up Inhaler in Health Office Even if Student Carries Inhaler</td>
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</table>

### Current Assessment of Problem:

Date: ________________

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HE 411
8/20/02
HEALTHLINK ASTHMA REPORT

1. ASTHMATIC STUDENTS
   - Total # Asthmatics (Use updated Asthma Survey or Health Problems List)
   - Total # Absences (Due to asthma or related causes, i.e., hospitalizations, wheezing, cough, etc.)
   - # Health Office Visits (Asthma only)
   - Health Education -- Student
   - Health Education -- Parent
   - Total # Daily Meds Given at School (e.g., inhalers, oral)
   - Total # Asthma Treatments (e.g., pulmonaide tx.)
   - # Consultations with Medical Provider

Enrollment in Medical Home (Medi-Cal, Healthy Families, California Kids, Kaiser Cares for Kids, etc.)
   - Total # of Students Newly Enrolled (From your own knowledge or ask outreach worker)

Referrals
   - M.D.
   - Urgent
   - Followed Through
   - Resolved

Letters
   - # Parent Letters Sent
     - # Parent Responses
   - # M.D. Letters Sent
     - # M.D. Responses
   - # Follow-Ups by Nurses

Referrals to Asthma Education Programs
   - Children’s Hospital
     - # Successful Referrals
   - Kaiser
     - # Successful Referrals
   - Open Airways
     - # Successful Referrals
   - Other
     - # Successful Referrals

Send at End of Each Quarter

<table>
<thead>
<tr>
<th>Nurse</th>
<th>School</th>
<th>Year</th>
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PLEASE NOTE: Retrieve student absentee rate as per SHIP Protocol (>5 days) and as needed using professional judgement

Original: Nursing Office
Yellow Copy: School Nurse
Protocol for Asthma Management

I. Background:

Many school-age asthmatics miss school or experience symptoms of asthma, often without the awareness of the child’s physician. This may be due to parents accepting a certain degree of symptoms as "normal", and those who neglect to report asthma symptoms. Many children need a more effective medication regimen or instruction on proper use of medication delivery systems. Students with poor asthma management are likely to over-use emergency services, experience preventable hospital admissions, and have excessive school absences.

II. Purpose:

Improve students’ asthma management through information exchange and coordination between school nurses and physicians.

III. Procedures:

A. Physicians

1. For each of their school-age asthmatic patients, physicians are asked to complete the Student Asthma Action Plan and forward to the school nurse. The completed form can be sent to the student’s school directly or via the parent.

2. Physicians may contact school nurses for information regarding the student’s condition, symptoms and effective use of prescribed management. School nurses may also be asked to provide nursing education to enhance effective use of medication delivery systems.

B. School Nurses:

1. School nurses will monitor absences of asthmatic students. They will work with attendance clerks to develop a mechanism for notification regarding students who miss five days within any 30-day period.

2. School nurses will contact physicians, health plans and/or parents regarding excessive absences that may be attributed to the child’s asthma condition. The school nurse, physician, and/or health plan will encourage the parent to bring the child to the physician for re-evaluation in the event of frequent or prolonged absences due to asthma. (See School Absences Due to Chronic Illness form.)

3. Assessment of asthma symptoms at school, medication administration, observation of technique in using a spacer or peak flow meter, and/or education regarding effective use of medication delivery systems will be provided by school nurse as needed, and in coordination with the student’s physician.

IV. Attachments

Student Asthma Action Plan
School Absence Due To Chronic Illness
Recommended District Policy for Carpeting in Schools.

General
1. Recognize the potential problematic health implications of carpeting in schools, particularly in basements and on bare concrete, where moisture and mold are potential problems.
2. Consider carpeting those areas of schools where teachers and administrators are likely to bring in their own area-rugs, mats, and carpets (e.g., places where students sit on the floor, noisy areas where carpeting is needed to buffer the echo of sound.)

When carpeting areas of a school:
1. Clean old carpet before removal and clean the area thoroughly prior to installation of new carpet. (Otherwise the dust and dirt of the old carpet is emitted into the air system and collects onto the new carpet).
2. Assure that only approved carpets with specific properties be allowed into the school district. The following properties (and in this order of importance) are recommended: low pile density in loop carpet, low height, fluorocarbon coating of fibers, high denier per filament, and a fiber shape with a low surface area. These properties are associated with increased release and recovery of common allergens when vacuumed.
3. Area rugs and children's mats need to meet the same health standards as wall-to-wall carpeting in schools (#2 above).
4. For large renovation projects, request that the manufacturer specify the adhesive, offer a warranty for volatile organic compound (VOC) emissions, and test beyond federal standards for a total VOC emission level that is less than 100 mcg/m²/hour (measured after 24 hours).
5. Use new, available non-adhesive fastening systems. If adhesive is absolutely necessary, utilize solvent-free, low VOC products.
6. Pre-ventilate carpets elsewhere for several days, when there are VOCs present.
7. Maximize ventilation during installation and isolate the area from the rest of the school (including air circulation).
8. Clean the new carpet prior to opening area to students and staff. Use HEPA filtration vacuum (to remove any loose fibers and particles resulting from the installation process).
9. Keep students and staff away from the newly installed carpets as long as possible.
10. Keep carpet away from entrances where toxins track in from the outside and water sources.

General Maintenance of Carpets
1. Area rugs and students' mats need to be included with wall-to-wall carpeting as part of the district's maintenance responsibilities.
2. Provide deep, extensive vacuuming at least every other day with High-Efficiency vacuums and HEPA-style filters in order to control contaminant levels in carpets.
3. Ensure adequate, continuous ventilation throughout the carpeted space.
4. Replace wet carpets, rather than try to dry them and preserve (because of mold and mildew residues that cannot be removed).
5. Provide steam-cleaning to carpets regularly.
6. Do not consider use of the acaricide “Benzy1 Benzoate” or denaturing agent “Tannic Acid” at this time.
7. Replace carpeting frequently.

References supporting this district policy are available on request
Howard Taras, MD; District Medical Consultant; 858-627-7595
Jack Campana; Director Student Support Services; 858-627-7445

February 2002
A. PURPOSE AND SCOPE

1. To outline administrative procedures to be followed:
   a. In assisting a student who is required, during the regular school day, to take medication prescribed for him/her by a physician.
   b. In handling and storing such medication at school.

2. To outline procedures to be followed for obtaining information from a parent regarding a student on continuing medication.


B. LEGAL AND POLICY BASIS


2. Legal Provisions
   a. Education Code Section 49423 provides that any student who is required to take, during the regular school day, medication prescribed for him/her by a physician, may be assisted by a school nurse or other designated school personnel, if the school district receives: (1) a written statement from the physician detailing the method, amount, and time schedules by which such medication is to be taken, and (2) a written statement from the parent or guardian of the student indicating the desire that the school district assist the student in matters set forth by the physician and relieving the district of any liability which might arise from such an arrangement. (See E.2.)

   b. Education Code Section 49480 requires that the parent or legal guardian of any public school student on a continuing medication regimen for a nonepisodic condition, inform the school nurse or other designated certificated school employee of the medication being taken, current dosage, and name of the supervising physician. With the consent of the parent or legal guardian of the student, the school nurse may communicate with the physician and may counsel with school personnel regarding possible effects of the drug on the child's physical, intellectual, and social behavior, as well as possible behavioral signs and symptoms of adverse side effects, omission, or overdose. The superintendent of each school district shall be responsible for informing parents of all students of requirements of this section.
C. GENERAL

1. **Originating Office.** Suggestions or questions concerning this procedure should be directed to the Nursing and Wellness Office, Comprehensive Health, Physical Education, and Wellness Department, Educational Services Division.

2. **Notice to Parents Regarding Student Medications.** In addition to sending notices home with students, principals are encouraged to use other means of communication (e.g., PTA newsletters, school advisory council bulletins). Renotification should be done annually (perhaps as part of registration procedures).

3. **Limitations (including storage and handling of medicines)**
   
   a. **Injections** may not be given except under the following conditions (for emergency first aid, see Emergency Procedure 56):
      
      (1) Medication and equipment for administration must be furnished by a parent or physician, and circumstances under which they are to be used must have been prescribed by the physician.

      (2) Only a licensed school nurse may administer nonemergency medication by injection, with the exception of students with a diagnosis of insulin dependent diabetes who have provided physician documentation that said child is qualified and able to self-administer the medication.

      (3) At the time of filing “Physician’s Recommendations for Medication,” a parent may file a written alternate procedure to be followed in the event of an emergency in the absence of the nurse; otherwise, emergency procedures of the district will be used.

   b. Medication requiring refrigeration and/or special equipment cannot be accepted for storage and administration unless adequate facilities already exist in the particular school.

   c. Storage of any prescribed medication must be in a locked cabinet or equivalent.

   d. **The school nurse approves or disapproves requests for medication at school.** The following criteria are considered:

      (1) Medication cannot be given other than during the school day.

      (2) The student requires assistance in taking medication (e.g., preschool, handicapped, mentally retarded).
(3) Medication must be measured and/or prepared for the student with the exception of pre-measured asthma inhalers and insulin injections when the physician has provided documentation that said child is qualified and able to self-prepare the medication.

(4) Medication is required to enable the student to participate in the school program.

(5) Adequate storage and handling facilities are available. All medication should be kept in locked storage.

(6) A completed authorization form has been filed with the school.

(7) Appropriate provision can be made to administer the medication on time within reasonable limits. Reasonable limits are within 30 minutes of the time specified.

(8) A medication log must be used for each medication.

e. Medications will not be retained at school from year to year. Medication requests must be renewed each school year. Parents will be requested to take unused medication home at the end of the school year. If parents fail to pick up unused medications, these medications will be discarded after parent notification.

f. Requests for other reasons should be cleared through the Nursing and Wellness Office.

4. Nonprescription medicines may not be administered by school personnel unless ordered by a physician on a regular medication form. For one-time-only medication, the parent must send in a signed request or give permission over the telephone in a manner satisfactory to the school nurse.

D. IMPLEMENTATION

1. Schools send “Parent Notification, Health Education and Related Activities” (E. 1.) by students to their parents (see C.2.).

2. Parent

   a. Confers, in person or by telephone, with school nurse regarding student's need for medication at school.

   b. Secures form, "Physician's Recommendation for Medication," from school; submits completed form to school, signed by both physician and parent.
c. Provides medication to school (usually in limited amounts) in containers clearly marked
   with:

   (1) Name of student
   (2) Name of prescribing physician
   (3) Identification number or name of medication
   (4) Pharmacy which dispensed medication
   (5) Amount of medication to be taken at specified times and/or specific situations in
       which medication is to be taken

3. School Nurse

a. Confers, in person or by telephone, with parent and/or physician regarding student’s
   need for, and alternatives to, medication during the regular school day. Evaluates
   requests for medication at school based on criteria and limitations outlined in C.3.

b. If required, provides “Physician’s Recommendation for Medication” (E.2.) to parent or
   physician; checks returned form for adequacy of information and completeness.

c. Arranges for appropriate storage facility for medications in a place not accessible to
   students.

d. Assists or observes student in taking medication:

   (1) Administers medication by injection only under conditions stated in C.3. a.
   (2) Counsels with school personnel regarding possible effect of drug on child’s
       behavior, symptoms of side effects, etc.
   (3) Arranges for maintenance of medication log on all students receiving medication
       at school.

e. Records pertinent information on health record; files all physician’s recommendation
   forms until end of school year involved.

4. Other Personnel. Since in most schools school nurse is on duty only part of each week,
   principal may designate other persons to take responsibility in nurse’s absence for duties
   he/she normally would perform, except administration of medications by injection. (See
   Emergency Procedure 56 concerning emergency situations.)
E. FORMS AND AUXILIARY REFERENCES

1. Parent Notification, Health Education and Activities, form letter, Elementary, Stock No. 22-P-0271; Junior High, Stock No. 22-P-0272; Senior High, Stock No. 22-P-0273.


5. Medication Log (current year), HE Form 503, available from Health Programs Office.

F. REPORTS AND RECORDS

1. Physician’s Recommendation for Medication (E.2.), to be maintained in Student Health Profile Envelope, Cum Record.

2. Medication Log (current year, ES.), to be maintained in Student Health Profile Envelope, Cum Record.

G. APPROVED BY

[Signatures]

Deputy Superintendent

Superintendent