

MANAGING ASTHMA IN SCHOOLS:

Guidance and Policies for Vermont's School Nurses

Developed by JSI Research & Training Institute, Inc. on behalf of the Vermont Asthma Program

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Although asthma cannot be cured, it can be controlled with proper diagnosis and management, and adherence to an individualized treatment plan (e.g., asthma action plan). Because children spend a substantial portion of their day in school, schools, and particularly school nurses, can play an important role in helping students with asthma manage and control their disease. Effective asthma management at school can help students with asthma stay healthy, learn better, and participate fully during their school day.¹

The state of Vermont has defined several laws and policies to guide the management of asthma within schools. During the 2014/2015 school year, the Vermont Asthma Program conducted a statewide survey of school nurses to better understand their current asthma management practices and their information and resource needs to enhance asthma management within their schools. In response to the survey findings, this fact sheet provides asthma management guidance for school nurses based on the state's asthma-related school laws, the Vermont Standards of Practice: School Health Services Manual, and national guidelines. The Vermont Asthma Program worked with the Vermont School Nurse Advisory Committee to ensure this fact sheet offers practical information and support to school nurses and other health staff in implementing required and effective asthma management strategies within their schools.

The CDC provides resources for children with asthma and schools on how to manage asthma, including proper asthma inhaler technique. These resources are available at: www.cdc.gov/asthma/schools.html

ASTHMA IS A COMMON CHRONIC DISEASE AFFECTING MANY CHILDREN IN VERMONT.

- In 2013, **1 in 8 children** in Vermont (13,000 children) had current asthma.²
- In 2013, **8.7%** of students in kindergarten through 12th grade were reported to have asthma.³
- Of those with asthma, **33.8%** of students had an asthma action plan on file.³

ASTHMA IS A LEADING CAUSE OF SCHOOL ABSENTEEISM.

- Nearly **half of students** who have asthma miss at least one day of school each year due to asthma.⁴

THE VERMONT ASTHMA PROGRAM WEBSITE INCLUDES INFORMATION ON:

- Controlling Asthma
- Tools for Managing Asthma
- Resources for Parents, Children & Providers
- Vermont Asthma Action Plan

You can visit the website at:

<http://www.healthvermont.gov/prevent/asthma>

FOR MORE INFORMATION ON ASTHMA RESOURCES, CONTACT:

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ASTHMA MANAGEMENT GUIDANCE FOR VERMONT'S SCHOOL NURSES

The guidance that follows can assist school nurses in Vermont in implementing effective asthma management policies, procedures, and activities in their schools to best support students with asthma.

PARTICIPATE IN THE DEVELOPMENT, IMPLEMENTATION, & MONITORING OF A SCHOOL ASTHMA MANAGEMENT PROGRAM.

- Collaborate with school administration, staff, and students; school liaisons; parents; and community members to establish a coordinated Whole School, Whole Community, Whole Child approach to manage asthma in your school.
- Develop, lead or participate in a Whole School, Whole Community, Whole Child Team (WSCC).
 - » Promote asthma as a priority and work to establish an asthma-friendly school.

IDENTIFY AND TRACK STUDENTS WHO HAVE ASTHMA.

- Document students who have asthma, annually (e.g., Annual Student Health Information Form).
- Maintain a current record of students who have asthma.
- Maintain a current (within 12 months) asthma action plan or asthma treatment plan for each student who has asthma. The asthma action plan should be developed by a physician (or other licensed healthcare provider) and provided and signed by parents.
- Provide asthma action plans to staff (e.g., teachers, coaches) as needed and in accordance with privacy laws (i.e., FERPA)

PROVIDE CARE, SUPPORT SERVICES, AND RESOURCES FOR STUDENTS WHO HAVE ASTHMA.

- Oversee, deliver, and document asthma care per principles of nursing documentation.
 - » Assess asthma control or exacerbation.
 - » Administer medication (e.g., inhaler) per student asthma action plan. Assess and document response after medication administration.
 - » Document asthma assessment, diagnosis, and treatment (e.g., medication administration) in student's health record.
- Coordinate care for students with asthma, including referral to a medical home for students who do not have one or who have worsening or poorly controlled asthma.
- Provide resources for health insurance to parents indicating no current health insurance.
- Promote use of the Vermont Asthma Action Plan among parents and medical providers.

ENSURE QUICK AND EASY ACCESS TO PRESCRIBED MEDICATIONS.

- Establish protocols to ensure students with asthma have immediate access to quick-relief medication in the school setting and on school field trips.
 - » Provide students' asthma medications and asthma action plans to teachers during school field trips; follow proper delegation procedures.
- Support students with asthma who have permission to carry and self-administer medications (Vermont Law 16 V.S.A. § 1387):
 - » Assess student's knowledge and ability to self-manage asthma; provide education to students as needed to ensure ability to identify signs and symptoms of asthma and proper medication use in response to signs and symptoms.
 - » Confirm ability to carry and self-manage asthma medication.
 - » Maintain a current action plan for responding to asthma emergencies (e.g., asthma action plan) among students who self-carry and administer their asthma medication.

ASTHMA-RELATED SCHOOL LAWS ENACTED IN VERMONT

ENVISION PROGRAM: In 2000, Vermont passed the School Environmental Health Act (Act 125) to address issues of poor indoor air quality in schools. The Envision Program resides within the Vermont Department of Health and provides environmental health management plans and guidance for schools to improve indoor air quality, including reducing environmental asthma triggers.

POSSESSION AND SELF-ADMINISTRATION OF EMERGENCY MEDICATION: In 2007, Vermont enacted law 16 V.S.A. § 1387 stating schools shall permit students with life-threatening allergies or with asthma to possess and self-administer emergency medication at school. Students' parents are required to provide written authorization to the school and students' physicians are required to provide written documentation of students' asthma diagnosis, treatment plan, and affirmation that students are capable of self-administering emergency medication.

VERMONT SCHOOL BUS IDLING RULE: In 2008, Vermont enacted law 23 V.S.A. §1282(f) that prohibits school buses from idling on school grounds. The State Board of Education adopted rules to implement this legislation and to allow for limited idling in certain circumstances. Additionally, school boards in each district can opt to adopt idling policies for motor vehicles other than school buses (employees, students, parents, delivery, etc.) when present on school grounds.

- » Provide continued feedback to parents and healthcare providers about students' readiness to carry and self-administer medication.
- » Periodically review students' technique to ensure proper use of inhalers and process for notifying appropriate school personnel when inhaler is used in school.

MAINTAIN A SCHOOL-WIDE PLAN FOR ASTHMA EMERGENCIES.

- Establish and communicate school-wide emergency protocols for asthma exacerbations.
 - » Define procedures for contacting 9-1-1, EMS, physicians, and emergency department.
 - » Train school staff on the protocol (e.g., teachers, coaches), including who to contact and how when a student has an asthma attack.
- Assess school staff asthma training needs and deliver reeducation as needed.

PROVIDE A HEALTHY SCHOOL ENVIRONMENT AND REDUCE ASTHMA TRIGGERS.

- Collaborate with administrators, maintenance personnel, health educators and classroom teachers, to determine if environmental health problems, such as asthma triggers, exist in the school and/or community.
- Establish a plan of action to mitigate or eliminate, to the extent possible, existing environmental asthma triggers.
- Train teachers, coaches, and other staff to help students avoid or reduce exposure to asthma triggers (per their asthma action plans).

ENABLE FULL PARTICIPATION BY STUDENTS WHO HAVE ASTHMA.

- Advise teachers, and coaches on modifying activities to match students' current asthma status or based on students' asthma action plan.
- Teach staff how to use metered-dose inhalers to assist students, as needed, to pre-medicate before exercise.

EDUCATE STUDENTS, STAFF, PARENTS AND GUARDIANS ABOUT ASTHMA.

- Obtain continuing education or other training opportunities in asthma; consider becoming a certified asthma educator.
- Provide asthma education to students who have asthma and their families to help them improve asthma self-management skills.
- Provide school personnel with asthma-related in-service education programs.

PROMOTE PARTNERSHIPS AMONG SCHOOL STAFF, STUDENTS, PARENTS AND GUARDIANS, HEALTHCARE PROVIDERS, AND THE COMMUNITY.

- Facilitate cooperative exchange of student asthma information among school staff, parents, students, and healthcare providers (e.g., asthma action plan).
- Coordinate school asthma activities with other school services and programs (e.g., counseling services), to the extent possible, and with community service organizations.
- Coordinate with local school liaisons to promote use of asthma action plans.

Adapted from: 1) CDC. Managing Asthma: A Guide for Schools. 2014; and 2) Vermont Standards of Practice: School Health Services Manual.

INDOOR AIR QUALITY: In 2012, Vermont enacted law 18 V.S.A. § 1782 to protect students' health by requiring the use of environmentally safe cleaning products in schools. It also directs cleaning service contractors with school districts to use only environmentally preferable cleaning products and to provide green training to each school district it provides with such products.

STOCK SUPPLY AND EMERGENCY ADMINISTRATION OF EPINEPHRINE IN SCHOOLS: In 2013, Vermont enacted law 16 V.S.A. § 1388 which allows a healthcare professional to prescribe an epinephrine auto-injector in a school's name for storage and use at the school, authorizes schools to maintain a stock supply of epinephrine auto-injectors, and enables a school administrator to designate school nurses and other trained school personnel who may administer epinephrine at school to any student or other person, regardless of whether the student or person has a prescription for epinephrine. The law also allows pharmacists to dispense the medication to a school and includes a provision in which school personnel are immune from liability related to administration and student self-administration. This law was implemented in response to the federal School Access to Emergency Epinephrine Act signed into law in 2013, which provides incentives to states to enact stock epinephrine laws.

NATIONAL ASTHMA RESOURCES

The National Asthma Education and Prevention Program (NAEPP) recommends that schools and school nurses promote asthma management and control among students who have asthma by:

- Implementing systems to identify, assess, and monitor students with asthma;
- Having current individual, emergency, and medication management asthma plans in place;
- Coordinating with healthcare providers, school staff, parents, and the community to support students' asthma needs;
- Providing asthma education to students, families, and school staff; and
- Providing an asthma-friendly school environment.¹

Resources available to support school nurses in implementing guideline-based asthma management within their schools include:

NAEPP Guidelines for the Diagnosis and Management of Asthma (medical clinical guidelines), available at: <http://www.nhlbi.nih.gov/health-pro/guidelines/current/asthma-guidelines>

Supporting NAEPP materials and tools for schools include:

- **NAEPP Managing Asthma. A Guide for Schools. 2014 Edition.** This guide provides school personnel with guidance on practical ways to implement effective asthma management in school settings.
- **Asthma Friendly-School Checklist.** How Asthma-Friendly is Your School? is a tool for school nurses and school staff to help determine how well their school supports students with asthma and identify areas to improve.

National Association of School Nurses (NASN) School Nurse Evidence-Based Clinical Guidelines: Asthma (school nursing clinical guidelines), available at: https://portal.nasn.org/members_online/members/viewitem.asp?item=E082&catalog=EBOO&pn=1&af=NASN.

These guidelines for nurses are based on the 1) NAEPP Guidelines for the Diagnosis and (medical) Management of Asthma and 2) the latest evidence and outcomes of children with asthma at school. They are intended to facilitate and support school nurses “to keep students healthy, safe, and ready to learn.” Resources and materials to assist school nurses in implementing the evidence are included.

Other supporting NASN asthma materials and tools for schools include:

- **NASN Asthma Resources:** <http://www.nasn.org/ToolsResources/Asthma>. This resource page includes (free) the **School Nurse Asthma Care Checklist** and **The ABCs of Using Pulse Oximeters in Schools**.
- **National School Boards Association (NSBA) Safe at School And Ready to Learn: A Comprehensive Policy Guide for Protecting Students with Life-Threatening Food Allergies.** 2012. Available at: <http://www.nsba.org/sites/default/files/reports/Safe-at-School-and-Ready-to-Learn.pdf>. This policy guide addresses elements of the Food Safety and Modernization Act of 2010 and is designed to assist public school leaders, especially school boards, in making sure that policies at the district and school level support the safety, well-being, and success of students with life-threatening food allergies.

REFERENCES

¹ National Asthma Education and Prevention Program, National Heart, Lung and Blood Institute. *Managing Asthma. A Guide for Schools*. Revised December 2014.

² VT Behavioral Risk Factor Surveillance System, 2013.

³ Vermont Department of Health. *School Nurse Report 2013-2014*.

⁴ CDC. *Asthma's Impact on the Nation*. 2012. www.cdc.gov/asthma/impacts_nation/asthmafactsheet.pdf.