**Escambia County Public Schools Guidelines for Managing Asthma in the School Setting**

**Definitions:**

**Asthma** is a chronic inflammatory disorder of the airways which causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and early morning. It is characterized by excessive sensitivity of the lungs to various stimuli and with physical exertion causing airflow obstruction

**Peak Flow Meter** is a tool for objectively measuring the severity of airflow obstruction

**Peak Flow Reading** is an instantaneous measurement of the current flow of air

**Triggers** are stimuli that cause asthma episodes such as: respiratory infections, pollen, mold, animal dander, feathers, dust, food, vigorous exercise, sudden temperature changes, air pollution, fumes, strong odors, cigarette smoke, excitement, and/or stress

The School District of Escambia County, the Escambia County Health Department, the American Lung Association, the School Health and Wellness Advisory Council, and local pediatric experts in the field of asthma have approved these guidelines to manage asthma in the school setting. Guidelines are revised as needed by the Escambia County School District Coordinator of School Health Services in collaboration with the contracted provider

Asthma is the most common chronic disease of childhood. It is the leading cause of school absences and emergency room admissions for children and adolescents. Most students have a relatively mild form that can be controlled by medication. However, certain factors, or triggers, may result in symptoms such as wheezing, dry hacking cough, or even severe breathing difficulties. Peak flow readings provide a simple tool for monitoring asthma status and determining the need for intervention. A child-specific action plan, created by the physician and signed by the parent, will identify peak flow zones and appropriate school-based interventions. Florida Statute 1002.20(3)(h) allows students with proper authorization to carry on their person prescribed inhalant medications

**Responsibilities:**

A. Parent/Guardian

* Document annually, asthma diagnosis on Student Health Verification Form
* Notify school nurse as soon as possible when a student is newly diagnosed or upon school entry
* Provide and maintain current emergency contact phone numbers
* Collaborate in the development of the student health care plan
* Consult with the school administrator, nurse, and/or classroom teacher regarding environmental triggers that affect their child
* Obtain a completed Authorization for Peak Flow Monitoring and Asthma Action Plan from student’s healthcare provider if available
* Provide prescribed medication and spacer listed on action plan with matching Dispersion of Medication form (spacers are encouraged for young students)
* Inform school nurse of changes in student’s asthma management
* Provide students who have severe asthma with a medical identification tag or jewelry, and encourage student to wear daily if recommended by the student’s health care provider
* Work with healthcare provider, school nurse, and student to promote self-sufficiency in asthma management
* Accept financial responsibility for 911 call and transportation to hospital, if indicated
* Keep student home when experiencing asthma exacerbation

B. Student

* Participate with school personnel in implementing asthma care
* Demonstrate competence in the use of asthma monitoring and medication administration devices. The parent, school nurse, or school administrator may request re-evaluation of student’s competency whenever indicated (self-care)
* Wear medical identification tag or jewelry daily if recommended by the student’s health care provider
* Seek adult help immediately when experiencing an asthma episode (supervised care)
* Seek adult help immediately if asthma symptoms are not relieved by prescribed inhalant medication (self-care)
* Practice responsible individual use and safe keeping of medication (self-care)

C. Healthcare Provider

* Complete Part II of the Authorization for Peak Flow Monitoring and Asthma Action Plan according to the “Guidelines for the Diagnosis and Management of Asthma,” published by the National Heart, Lung, and Blood Institute’s (NHLBI) National Education and Prevention Program (NAEPP, 2008)
* Complete Dispersion of Medication form for each if student is allowed to carry/self-administer medication at school
* Collaborate in the development of the student health care plan
* Provide child-specific consultation as needed for asthma management

D. School Nurse

* Provide appropriate level of Asthma Education for UAPs and school staff
* Develop and maintain student health care plan
* Delegate and document child specific asthma management to trained and competent designees
* Alert school staff about students with a history of asthma and consult as needed
* Obtain peak flow readings if part of their action plan and implement action plan
* Communicate with parent/guardian and health care provider about acute episodes and any difficulties in controlling asthma at school
* Act as a liaison between student’s health care provider, parent, and school staff
* Provide student health education about asthma to promote responsible self-care
* Monitor school attendance of students with asthma care plans

E. Unlicensed Assistive Personnel (Health Support Technicians and Principal Designees)

* Complete Levels 1, 2, and 3 of Asthma Education
* Perform delegated asthma management per child specific training
* Alert school nurse of any asthma management or school attendance concerns

F. School Staff

1. Principal

* Identify 2 willing staff members to receive training and provide child-specific care as needed
* Require school staff to complete appropriate level of Asthma Education

2. Physical Education Faculty

* Collaborate with parent and school nurse to identify appropriate activity level
* Encourage exercise and participation in sports for students with asthma

3. All School Staff

* Complete appropriate level of Asthma Education
* Alert school nurse of any asthma management or school attendance concerns
* Understand that special health arrangements may be necessary even during standardized testing period
* Follow student’s action plan if provided

4. Medical Community

* Provide staff education and updates about asthma and its management to school administrators, faculties, and health personnel
* Promote asthma management according to the “Guidelines for the Diagnosis and Management of Asthma,” published by the National Heart, Lung, and Blood Institute’s (NHLBI) National Education and Prevention Program (NAEPP, 2008)
* Support the routine use of peak flow monitoring where appropriate

**Action Plan:**

Peak Flow Best:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Usual Peak Flow:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_(Range)

|  |  |  |
| --- | --- | --- |
| NORMAL  Green Zone  Greater than\_\_\_\_\_\_\_\_\_  1. Document reading on  Student Medication Record  2. Return to class | CAUTION  Yellow Zone  Less than \_\_\_\_\_\_\_\_\_  1. Document reading on  Student Medication Record  2. Administer 1 dose of  authorized medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Repeat peak flow reading in  20 minutes  **If green zone:**  Return to class.  No exercise today - Notify parent  **If yellow zone:**  Call parent to take student home  **If red zone:**  Call 911; Contact parent and notify physician immediately | EMERGENCY  Red Zone  Less than\_\_\_\_\_\_\_\_\_\_  1. Document reading on  Student Medication Record  2. Administer 1 dose of  authorized medication:  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  3. Call 911; Contact parent and  notify physician immediately  4. Continue to monitor peak flow  readings every 5 minutes |

**Staff Training:**

School staff and UAPs must have an understanding of asthma and its management. It is the responsibility of the principal and the school nurse to implement annual education

**Level 1:** Asthma Awareness Education is an overview enabling all school-based staff to recognize an asthma episode and to respond appropriately

**Level 2:** Training utilizing a child-specific Emergency Care Plan for all school-based staff that has direct contact with the student to enable staff to recognize child-specific needs and to respond appropriately

Level 3: Child-specific training for unlicensed assistive personnel delegated to provide care utilizing delegation checklist

Revised July 20, 2022