

Michigan Department of Education  
Michigan Department of Community Health

# Management of the Student with Asthma in Schools

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MODEL SCHOOL NURSE GUIDELINE

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### **Foreword**

These guidelines contain recommendations for minimum standards of care and current best practices for the health service topics addressed. They have been reviewed by the School Nurse Practice Subcommittee of the Michigan Statewide School Nurse Task Force as a means to provide consistent and safe care to the students. Specific laws and regulations that direct school nursing practice or other health services are identified in the guidelines.

### **Purpose**

This document will provide guidelines for the management and coordination of care of the student with asthma in schools.

### **Introduction**

Students with asthma attending school require a thorough assessment by a registered nurse of their health needs and specific plans that take into consideration special accommodations they may require in school. All students have the right to fully participate in educational activities. Any student with a chronic condition such as asthma cannot be denied access to any school activity, including before and after school activities and school sponsored field trips, based upon on their needs related to the medical condition. This comprehensive guideline outlines considerations that must be addressed as the school nurse develops an individualized care plan for the student with asthma in conjunction with the family, the primary care provider, and the asthma care specialist.

When a student with asthma enters school or a student is newly diagnosed with asthma, the school nurse is the lead team member in assessing his/her health needs, performing a nursing appraisal/assessment, and developing a care plan to meet his/her needs in the school setting. The school nurse is also responsible for informing appropriate school personnel of the special health needs of students with asthma and providing guidance regarding their need for accommodations (i.e. transportation, field trips, and participation in educational activities). Additionally, the school nurse may provide health education to students with asthma.

### **Definition**

Asthma is a controllable chronic lung disease characterized by inflammation of the airways, resulting in the temporary narrowing of the airways that transport air from the nose and mouth to the lungs. This may cause symptoms of wheezing, cough, chest tightness, and difficulty breathing. Exacerbation may be caused by allergens, irritants, infections, exercise, strong expressions of feelings/emotions (laughing or crying), stress and changes in weather or temperature.

Asthma is among the most common chronic diseases in the U.S. today, with an estimated 20 million cases nationwide. The disease often begins in childhood and is one of the leading causes of school absence, emergency room visits, and hospitalizations.

Asthma care has previously focused on treating acute episodes. Currently, healthcare providers are using an approach that emphasizes the prevention of episodes by reducing inflammation in the lungs using daily medication. With good management, students should experience a reduction in the number and severity of asthma episodes, fewer absences from school, and fewer early dismissals from class, thus enabling them to participate fully in the classroom educational experience. Furthermore, when asthma is managed effectively, students should enjoy unrestricted participation in all school activities.

### **Legal Implications**

In 2004, Congress passed the *Asthmatic Schoolchildren's Treatment and Health Management Act of 2004*. [H.R. 2023](#) directs the Secretary of Health and Human Services to give preference when making asthma-related grants to states that require schools to allow students to self-administer medications. It does not federally mandate that states allow children to carry prescribed asthma medication in schools.

Michigan passed [MCLS 380-1179 \(2004\)](#), which permits school children to carry inhalers and self-administer medication if they suffer from asthma. Written approval from a physician and parent is given to the school and requires the school administrator to notify classroom teachers if a child is self-carrying.

Both IDEIA and Section 504 of the Rehabilitation Act of 1973 require schools to provide accommodations for students if their health condition affects their education. Students with asthma, under Section 504 of the Rehabilitation Act of 1973 and the Americans with Disabilities Act, must be given "reasonable accommodation" in the school setting so that their disease can be managed successfully and their schooling not be adversely affected by their disability or perceived disability.

### **Management of Asthma in the School Setting**

Asthma is a leading chronic disease of school-aged children and accounts for high absentee rates for children with that diagnosis. Effective management of asthma requires a partnership among the student; parents/guardians; the primary care provider, specialist, and school staff including the administrator, school nurse and school physician, bus driver, teachers, coach, and guidance counselor. The school plays an important role in helping students by providing support and implementing an individualized asthma management program. The nurse assesses the student with asthma and collaborates with other team members to develop an IHP.

In order for children to receive medication at school, an order from an authorized prescriber (1) must be in place. The school can only authorize medication administration and/or procedures based on written orders from a physician/licensed healthcare provider, not a parent.

#### **School Nurse's Role**

Students with asthma who attend school require a thorough nursing assessment of their health needs to enable them to attend school regularly and to fully participate in educational programs. The school nurse will develop specific plans that take into consideration special accommodations students may require in school. This comprehensive guideline will assist the school nurse in developing an individualized healthcare plan (IHP) for the student with asthma in conjunction with the family and the primary care provider.

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1 "prescriber" means licensed doctor of medicine, doctor of osteopathic medicine, a doctor of podiatric medicine or another licensed health professional acting under the delegation and using, recording, or otherwise indicating the name of the delegating doctor [Section [333.17708](#)- Public Health Code of Michigan].

When a student who has asthma enters a school, the school nurse is the lead team member in assessing the health needs of the student, performing a nursing appraisal/assessment, and developing a plan of care that meets the health needs of the student in school. The school nurse is responsible for making all other school personnel involved with the student aware of the student's health needs. Additionally, the school nurse may provide health education to the student and guidance regarding the student's needs for accommodations for transportation, intermittent home teaching, and participation in educational activities.

### **Plans/Protocols and Interventions for Students with Asthma in School**

It is recommended that each student with asthma have an individualized asthma action plan developed by his or her healthcare provider. This plan should include protocols for both routine medication administration and emergency plans. However, these plans may not take into consideration the unique needs of the student in the school setting and therefore the school nurse may need to develop a plan that considers school factors. A copy of an action plan is available from the National Heart Lung and Blood Institute at [http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma\\_actplan.pdf](http://www.nhlbi.nih.gov/health/public/lung/asthma/asthma_actplan.pdf).

The asthma action plan should be considered an essential part of the IHP for all students who receive management of or treatment for asthma in the school setting.

If a student with asthma does not have an individualized action plan and one cannot be obtained from the healthcare provider, then the school nurse should assess if a student is able to be managed using emergency protocols for respiratory distress. If a student cannot be well-managed in school using a standard respiratory emergency protocol and an individualized plan cannot be obtained from the healthcare provider, the school nurse should develop an individualized asthma action plan.

This plan should be developed in conjunction with the student (as appropriate), parents/guardians, and healthcare provider(s). The goal of this plan is to:

1. control asthma symptoms at school;
2. provide opportunity of optimal school performance;
3. allow full and normal participation by the student in school and school sponsored activities;
4. control and minimize to the extent possible, allergen and irritant exposure at school; and
5. promote the acceptance of the asthmatic child by peers.

### **The Nursing Appraisal/Assessment**

#### **Data Collection**

It is essential that the school nurse be well-informed on all aspects of medical, educational, and social issues regarding students with asthma. The school nurse collects information from a review of medical and educational records (i.e., the school health record, the Student Health Information Card, and the student cumulative education record). Additional information should be sought from each of the following sources and activities:

- Parent interviews and/or home visits
- Student interview
- Physician/healthcare provider
- Teaching staff

- Physical education teacher
- Classroom observations

### **Assessment**

Based on review of data, a nursing assessment is completed at the school nurse's discretion. The school nurse should assess the special health needs of a student with asthma using standard assessment procedures as outlined in the *Guideline: Nursing Assessments of Students with Special Health Needs*. The school nurse should be cognizant of policies regarding record releases, information sharing, and confidentiality.

The asthma assessment should include a determination and recommendations regarding whether special accommodations are required due to the student's class schedule, school-sponsored activities, and transportation. Psychosocial concerns regarding the family's living conditions and circumstances, their understanding of asthma, their compliance with the asthma regimen, and the need for resources must be addressed.

Please note: Students with asthma inhalers who are developmentally capable and have received appropriate and adequate instruction should be encouraged to self-carry and to administer their metered dose inhaler as ordered by the healthcare provider. As part of the school nurse's assessment, the student should be assessed for the following:

- Ability to use correct technique;
- Recognition of when to use the inhaler; and
- Developmental ability to perform this task in a responsible manner.

Based on the assessment, the school nurse decides if an individualized healthcare plan should be developed. This IHP should include:

- Emergency contact information for parents and healthcare providers
- Emergency protocols
- Specific accommodations for the student in school including environmental controls if applicable
- Daily medication plan
- Special instructions (student's class schedule, school-sponsored activities, and transportation, etc.)
- Supplies

**Emergency plans** should outline:

- What is to be done if nurse is not available
- What the school should provide (e.g. access to medication and treatment equipment)
- What the parent should provide (e.g. medications, nebulizer, spacer and other equipment)
- The healthcare provider's emergency orders
- When to call 911
- Disaster preparedness: Lockdown, Sheltering In-Place, and Evacuation

(Please note: The Michigan Board of Nursing allows certain nursing functions to be delegated. The decision as to whether the student's healthcare needs can be met by an unlicensed person is made using the criteria for delegation and the nurse's professional judgment. The

school nurse will determine the appropriate personnel/staff to which responsibility for monitoring the asthma nebulizer treatments may be delegated.)

Copies of emergency and routine treatment plans should be shared with the appropriate school management team and school staff (including bus drivers), and a copy should be placed in the student's health record. The final plans should be sent to the parent/guardian and the healthcare provider for approval/sign-off.

A copy of the nurse's final assessment/IHP should be placed in the student's health record and should be shared with the student's parents/guardian and healthcare provider.

A coordinated and collaborative plan results in the most appropriate management and the most productive school experience for the student with asthma. Through coordination and collaboration, students with asthma remain medically stable, academically successful, and over time become independent in controlling their chronic condition.

### **Coordination and Case Management**

Certain students with asthma may need a school case manager designated to coordinate his/her care. The school nurse is often the case manager for the student with asthma but another student services or IEP team member may be designated. However, the school nurse is the liaison between the healthcare team, school staff, administration, student support staff, parents/guardian, and student. The school nurse can also refer the student and/or family for counseling, support groups, and access to medical care.

### **Staff Training**

Determine specific staff training to be provided by the school nurse to non-licensed health staff, teachers, bus drivers, school food services, and other school staff may include:

- Definition of asthma
- Classroom accommodations
- Bus accommodations
- Field trip accommodations
- Symptoms to report to the school nurse
- Confidentiality
- Review of the standard or individual emergency protocol
- The inclusion of emergency plans in substitute plans (for classroom, school health, transportation, and food services staff)
- Medication issues

### **Education Planning**

The school nurse is an integral part of the educational team and is vital in the planning of educational accommodations for the student with asthma. The health needs of the student with asthma are supported by a thorough nursing assessment and development of an emergency care plan. However, some students with asthma require additional educational accommodations.

Michigan Department of Education, Michigan Department of Community Health GUIDELINES:  
Management of the Student with Asthma in Schools

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It is recommended that a nursing assessment be part of the process for determining special accommodations for a student with asthma (e.g. change in school placement, concurrent or intermittent home teaching, or adaptations to physical education class).

Special accommodations may be needed to address the following:

- Vocational assignment
- Field trips and other school sponsored activities
- Asthma triggers in the environment
- Physical education class
- Poor indoor or outdoor air quality
- Bus transportation
- Need and criteria for intermittent home instruction
- Medication schedule

If the student requires more specific educational accommodations, a 504 plan may be developed. If a student with asthma qualifies for special education services, an Individualized Education Program (IEP) may include specific accommodations. Both 504 plans and IEPs may include accommodations listed above.

#### **Transportation**

The asthma plan should address transportation needs for the student with asthma. In general, a student with well-managed asthma should not require special transportation. Each case is evaluated individually and it is recommended that the school nurse provide consultation for any special transportation request for the student with asthma.

#### **Field Trips/School Sponsored Activities**

All students are afforded the right to fully participate in educational activities. No student is to be denied participation in a field trip because of the need for medication/treatment or requirement of additional assistance. If a field trip is planned, the teacher should give sufficient notice to the school nurse so that a plan can be put into place for any student with special health needs such as asthma. These plans may include a nurse accompanying the student. Prior to the field trip, the school nurse should make sure that the teacher/staff member in charge has copies of the emergency and routine care plans for the student. If this is an out of state or international field trip, the school nurse should contact the state in which they will be visiting so that he/she can identify the scope of practice for that specific state. The school nurse is accountable to state laws, rules and regulations that are specific to the state that they are traveling. Specific areas of potential concern may be delegation, medication administration and emergency health care (Irwin, 2013 – NASN Conference).

Asthma medications should be administered to students during school-sponsored trips/activities when necessary or as ordered. Timing of doses should be adjusted to occur outside of the school-sponsored activity period if medically appropriate. Medications must be administered in compliance with the Michigan Department of Education's *Model Policy for Medication Administration in Schools*. The school nurse, in collaboration with the school administrator, parents, and healthcare provider, should make the determination of whether asthma medication is administered during a school-sponsored activity/trip and by whom.

### **Monitoring/Evaluation**

Evaluation is an ongoing process and includes the following:

- Assessment and documentation of student's response to the management plan
- Effectiveness of the plan to meet the student's health and educational needs
- Orders reviewed with family and healthcare provider at least annually and as necessary
- Documentation of medications and treatments given
- Documentation of number of health room visits and days missed from school due to asthma
- Communication with the healthcare provider, family, and school staff
- Need for ongoing staff training

### **Glossary**

**Asthma Action Plan:** An individualized plan initiated by a healthcare provider that includes routine and emergency medication and protocols.

**Bronchodilator:** Medication that relaxes smooth muscle around the bronchioles and allows them to open more completely.

**Health Appraisal:** The process by which a designated school health services professional identifies health problems that may interfere with learning.

**Metered Dose Inhaler:** A hand-held device that delivers a specified dosage of medication as a spray or a powder to be inhaled.

**Nebulizer:** A device, pressurized by air, for the purpose of converting a liquid medication into a fine mist that can be inhaled.

**Nursing Assessment:** The act of gathering and identifying data about a client that assists the nurse, the client, and the client's family to identify the client's problems and needs.

**Peak Flow Meter:** A device which measures flow rate of air breathed out during forced expiration.

**Spacer:** A plastic device to assist with effective inhalation of the bronchodilator administered via metered dose inhaler.

### **Resources**

**The National Association of School Nurses** offers an *Asthma Online Tool Kit* with a multitude of resources. This is available at <http://www.nasn.org/ToolsResources/Asthma>.

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