

## **MICHIGAN STATE BOARD OF EDUCATION MODEL POLICY FOR SUPPORTING STUDENTS WITH ASTHMA IN SCHOOLS**

Approximately six million children in the United States currently have asthma, one of the most common chronic diseases among children. It is the leading health contributor to missed school days, resulting in about 14 million absences each year.<sup>1</sup> Among Michigan children with asthma, 15.7% miss six or more days of school each year because of their asthma. Less than half (41.2%) of these children had an asthma action plan on file at their school, and 28.2% ages 10-17 years reported that they were not allowed to carry their asthma medication with them at school.<sup>2</sup> These are just a few of the challenges that students, families, and schools face related to asthma. Schools must ensure that they are adequately prepared to address existing asthma issues. This will require a comprehensive and coordinated approach that is based on proven research and best practices. It will require working closely with students, parents, health care providers, and the community, to ensure that students with asthma have the tools and resources they need to manage their asthma and succeed in school.

The State Board of Education believes that a comprehensive school policy for asthma can create a learning environment that is safe and supportive, improves attendance and participation in activities, and promotes academic success and wellbeing. This policy builds on existing asthma best practices, including Michigan's Inhaler and Epinephrine Auto-Injector Law,<sup>3</sup> the Whole School, Whole Community, Whole Child model,<sup>4</sup> and School-Based Allergy, Asthma, and Anaphylaxis Management Program (SA<sup>3</sup>MPRO<sup>tm</sup>)<sup>5</sup>, as well as national strategies from the Centers for Disease Control and Prevention (CDC),<sup>6</sup> the National Asthma Education and Prevention Program (NAEPP)<sup>7</sup>, and the United States Environmental Protection Agency (EPA).<sup>8</sup> This policy also addresses the core tenets included in the Consensus Statement of the Core Tenets of Chronic Condition Management in Schools and, if fully implemented, meets the standards of care outlined in Supporting Students with Chronic Health Conditions in School: Standards of Care document.

I. The Board, therefore, recommends that each Michigan school and district establish asthma-friendly schools by implementing the following school health practices.

A. Provide a circle of support. A circle of support is a communication network centered around the child and engages all the following:

1. Families
2. Clinicians - including those in child and adolescent health centers, where available
3. School nurses
4. School personnel
5. Caregivers
6. Community

B. Establish asthma management and support systems to ensure asthma practices are communicated and coordinated in schools and that asthma program strategies and policies are annually evaluated, including:

1. Coordination of asthma management activities by school nurse or personnel designated by the school administrator.
2. Facilitation of the identification of all students with a diagnosis of asthma.
3. Creation and implementation of communication plans to be utilized by school staff members who interact with children with asthma and those who "need to know." Communication plans must be compliant with the Family Educational Rights and Privacy Act (FERPA) when involving personal health information. Communication plans should also outline how, during school emergencies, students with asthma will be identified by staff, have access to rescue medications, and be prioritized for family reunification or transport for medical care.

C. Coordinate a system of communication between health providers and schools that is accessible and bi-directional and uses simple standardized processes that are customizable for individual students. Developmental steps toward this ideal communication include:

1. Incorporation of written permission to share student information with the student's health care providers into existing school health forms to ensure bi-directional communication between the school and health care provider on a need-to-know basis.
2. Communication as needed with a student's caregivers and health care providers including, but not limited to, an annual update of the asthma action plan.

D. School nurses are an essential part of the health care team since they often coordinate care for students with asthma. School nurses are uniquely positioned to provide direct care, adherence counseling, and

education, and can provide an important link to community-based care for children with asthma. It is recommended that each school have a full-time nurse, as endorsed by the American Academy of Pediatrics (AAP) and the National Association of School Nurses (NASN).

E. Identifying and utilizing available community resources such as local Child and Adolescent Health Centers (CAHC), asthma coalitions, community programs, community health care providers, and social service agencies.

## II. Provide Asthma Education for School Personnel and Students

A. Partner with clinics, hospitals, and community organizations to provide asthma education to students, caregivers, and school personnel.

1. Asthma education should be approachable and available at all literacy levels and address multicultural beliefs. A critical component of this education is recognizing worsening asthma symptoms, and/or lack of asthma control. This awareness of warning signs, including when and where to get help, should be provided to all school staff and students.

2. Provide student education programs on asthma basics, self-management, and emergency response.

3. Provide 3 tiers of professional development training for school staff based on the level of responsibility the staff member will have on supporting students with asthma. All staff should be provided information on asthma basics. Staff who will have responsibility for daily support and emergency care for students with asthma should be provided training on asthma management, trigger management, preventative medications, and emergency response.

a. Trainings should be administered by a school nurse or certified asthma educator (or a qualified person designated by the local school administrator if neither is available).

b. Training should take place at the beginning of each school year and should be repeated when a current student is newly diagnosed with asthma or when a student with asthma enrolls in the school. Refresher training is to be done as needed.

c. Trainings should be provided to classroom teachers, physical education teachers, coaches, athletic directors, secretaries, administrative assistants, playground aides, principals, facility and

maintenance staff, food service staff, paraprofessionals, and bus drivers based on three levels of training.

## **Overview of Training Tiers**

Tier 1 Training – Administered to all school personnel at the beginning of the year.

Tier 1 Training Content (15 Minutes): EDUPATH

- An overview of asthma
- How to recognize early warning signs of asthma and respond to asthma emergencies (appendix)

Tier 2 Training – Designed for school personnel who have responsibility for the student with asthma throughout the school day, including, but not limited to: classroom, physical education, music, and art teachers, as well as other personnel such as lunchroom staff, coaches, bus drivers, and the Medical Emergency Response Team (MERT).

Tier 2 Training Content (30 minutes): Michigan Association of School Nurses (MASN) Medication Training

- Content from Tier 1 with specific instructions for what to do in case of an emergency
- Roles and responsibilities of individual staff members
- Expanded overview of asthma
- Procedures and brief overview of the operation of devices (or equipment) commonly used by students with asthma
  - Metered dose inhaler (MDI)
  - Medication holding chamber/spacer
  - Nebulizer
- Effect of asthma on behavior, learning, and other activities
  - Each student's emergency care plans and how to activate emergency medical services in case of an asthma emergency
  - Tips and planning needed for the classroom and for special events

Tier 3 Training – For one or more school staff members designated as trained asthma personnel who will perform or assist the student with asthma care tasks. Ideally, at least four adults should be trained as a tier 3. Monitoring all employees who assist students with asthma is the responsibility of each school.

### Tier 3 Training Content (30 minutes): Asthma Basics

- Content from Tier 1 and Tier 2
- General training on asthma care tasks
- Student-specific training, when addressing each asthma care task, including:
  - Clear identification and understanding of the task as outlined in the student's asthma action plan
  - Each student's symptoms and treatment for asthma exacerbations
  - Step-by-step instruction on how to perform the task using the student's equipment and supplies
  - Clear parameters on when to ask for help from a health care professional
  - How to document all care tasks provided
  - Plan for ongoing evaluation

4. Offer information regarding tobacco prevention and cessation programs for students, caregivers, and staff, including the Free Michigan Tobacco Quitline (1-800-784-8669) and the My Life My Quit Youth Program for those under 18 (text "start my quit" to 855-891-9989). This information should include commercial tobacco and electronic cigarette devices.

5. Incorporate asthma awareness and lung health education as part of health education curricula and other curricula areas.

6. Establish an asthma travel policy for field trips and off campus activities. This should include designating a trained staff member to address an asthma emergency, and ensuring they have all necessary resources (action plan and rescue medications).

### III. Asthma Emergency Treatment Plan and Asthma Action Plan

A. Provide appropriate school health and behavioral health services for students with asthma consistent with existing Michigan State Board of Education policies regarding student health:

1. Implement procedures to obtain, maintain, and utilize written Asthma Action Plans (AAP), signed by the child's health care provider, for every student with asthma.

2. Create a school-based asthma emergency treatment plan that would apply to all students who present with troublesome asthma symptoms but do not have a documented and updated AAP available. This should

include a standardized medical emergency response that would be carried out by a designated and properly trained medical emergency response team. It is recommended that schools request an extra rescue inhaler from families/caregivers for their student who may not have access to their medications.

3. Ensure all students have immediate access, that is timely and without delay, to asthma medications prescribed by a medical professional and approved by parents or a legal guardian. This includes allowing students to self-carry and self-administer asthma medications, inhalers, and epi-pens as defined by the Michigan School Inhaler Law, or by having the medications in the student's classroom for those students who need supervised administration.

4. Students who are not old enough or mature enough to self-administer their asthma medications should be adequately supported. This includes ensuring that staff are adequately trained to assist them, protocols are in place to support immediate access to medication, and communication of medication use to appropriate school staff and parent/guardian.

5. Offer care coordination services by school nurse or personnel designated by school administrator for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to asthma. Care coordination services should also be offered to students with behavioral health needs, consistent with the Michigan State Board of Education policy on Integrating Mental Health in Schools, which may be interfering with their management of asthma.

6. Secure access to a consulting health professional and community resources for the district to address asthma questions and behavioral health needs, including child and adolescent health center providers, where available.

7. Ensure that individual Asthma Action Plans are reviewed and updated annually and as needed throughout the year.

8. Ensure that individual Asthma Action Plans are available to all staff (teachers, coaches, etc.) who work closely with the student.

#### IV. Environmental Plan

A. In order to promote a safe school environment, the needs of all students should be balanced. To promote a safe environment for students with allergy-induced asthma, we recommend schools take actions to reduce asthma trigger exposure and promote a safe and healthy school environment by developing and adopting the following policies and practices:

1. A tobacco-free (including electronic cigarettes) school policy, applicable to all individuals, that is 24 hours per day, 7 days a week, on all school property, in any form of school transportation, and at school-sponsored events both on and off school property.
2. Prevent indoor and outdoor air quality problems by implementing best practice policies for common environmental issues such as tobacco smoke, pollen, animal dander and droppings, chalk dust, cleaning agents, scented and unscented personal care products, essential oils, room deodorizers, volatile organic compounds, laboratory chemicals, unvented fumes, and vehicle exhaust. It is important to perform proper maintenance of heating, ventilation, and plumbing systems.
  - a. Dust mites are found in carpeting, upholstered furniture, stuffed animals or toys, and pillows. Dust frequently with a damp cloth, reduce the number of stuffed items, perform proper maintenance of all carpeted surfaces (vacuuming with HEPA-filtered vacuum), and consider removal of carpeting, when able.
  - b. Mold can be controlled by watching for and responding promptly when signs of moisture and/or mold are discovered.
  - c. Reduce exposure to diesel exhaust by establishing an idle reduction policy, locating bus lines away from ventilation intakes, and utilizing exhaust reduction equipment or purchasing electric or low emission buses.
  - d. Limiting student contact to school construction and renovation projects, which might include exposure to indoor and outdoor allergens, irritants, hazardous chemicals, and pollutants.
  - e. Live animals with fur or feathers should not be kept inside classroom with the exception of service animals. Make an effort to avoid placing service animals in classrooms where students with asthma are allergic to the service animal.
  - f. Pest management strategies should be designed and implemented to prevent pest infestations and minimize human exposure to potentially harmful chemicals.

3. Monitor air quality daily to make decisions about reducing students' exposure to air pollution based on risk factors and provide indoor alternatives for student physical activity on days with poor air quality.

a. The U. S. Environmental Protection Agency's Air Quality Index reports provide daily air quality information for individuals on how clean or polluted their air is, and what associated health effects might be of concern.

b. Schools can sign up for Michigan Enviroflash, a free service that automatically delivers air quality forecasts to subscribers via e-mail or cell phone text messages. This allows school personnel to adjust their student's outdoor activities when poor air conditions are expected to occur.

c. Limit student outdoor activity on air action alert days and extremely cold days.

## REFERENCES

- <sup>1</sup>Zahran, H., Bailey, C., Damon, S., Garbe, P. and Breyse, P. (2018). Vital Signs: Asthma in Children — United States, 2001–2016. DOI: <http://dx.doi.org/10.15585/mmwr.mm6705e1>. [accessed 22 Oct. 2020]
- <sup>2</sup>Prevalence of Asthma-Related Health Conditions Among Michigan Children with Current Asthma Estimates from the Michigan Asthma Call-Back Survey 2012-2016 Combined, Standard Tables.
- <sup>3</sup>Michigan School Inhaler and Epinephrine Auto-Injector Law - Michigan Compiled Law 380.1179.
- <sup>4</sup>Whole School, Whole Community, Whole Child (WSCC)
- <sup>5</sup>Lemanske, Jr RF, Kakumanu S., Shanovich K., Antos N., Cloutier MM., Mazyck D., et al. Creation and Implementation of Sampro™: A School-Based Asthma Management Program. *J Allergy Clin Immunol* 2016 [in press]. DOI: 10.1016/j.jaci.2016.06.015.
- <sup>6</sup>Centers for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2002. <https://www.cdc.gov/healthyschools/asthma/strategies/asthmacsh.htm>
- <sup>7</sup>National Asthma Education and Prevention Program. *Managing Asthma: A Guide for Schools*. Bethesda, Maryland: National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute, 2014. [https://www.nhlbi.nih.gov/files/docs/resources/lung/naci\\_managingasthma-508%20final.pdf](https://www.nhlbi.nih.gov/files/docs/resources/lung/naci_managingasthma-508%20final.pdf)
- <sup>8</sup>Environmental Protection Agency (EPA). *Creating Healthy Indoor Air Quality in Schools* <https://www.epa.gov/iaq-schools>

### Resources

Asthma environmental guide for school-based health centers  
[http://www.rampasthma.org/uploads/asthma\\_guide\\_sbhc.pdf](http://www.rampasthma.org/uploads/asthma_guide_sbhc.pdf)

EPA Indoor Air Quality (IAQ) Tools for Schools Toolkit  
<https://www.epa.gov/iaq-schools/indoor-air-quality-tools-schools-action-kit>

EPA School Bus Idle Reduction  
<https://www.epa.gov/dera/school-bus-idle-reduction>

EPA School Bus Program Funding  
<https://www.epa.gov/cleanschoolbus>

School-based Allergy, Asthma and Anaphylaxis Management Program™  
<https://www.aaaai.org/tools-for-the-public/school-tools/sampro>