

Asthma Toolkit for Louisiana Schools

Resources for students, parents,
teachers, nurses and school leaders



DEPARTMENT OF HEALTH

AND HOSPITALS

*Asthma Management
and Prevention Program*

Louisiana Department of Health and Hospitals



**Bureau of Primary Care and Rural Health
Chronic Disease Prevention and Control Unit
628 N. 4TH Street, Bin 15
Baton Rouge, Louisiana 70802**

Louisiana Asthma School Tool Kit 2011

This toolkit was created with guidance from the Louisiana Asthma Surveillance Collaborative in partnership with the Louisiana Tobacco Control Program and public information officer Jeremy Bridges.



STATE OF LOUISIANA
DEPARTMENT OF EDUCATION
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<http://www.louisianaschools.net>

MEMORANDUM

TO: Parish/City School Superintendents
State Director of Special School District
Administrators of Type 2 and 5 Charter Schools
Superintendent of Recovery School District

FROM: Donna Nola-Ganey, Assistant Superintendent
Office of School and Community Support

DATE: August 16, 2010

RE: **Louisiana Asthma School Toolkit**

The Louisiana Department of Education has a long standing collaborative relationship with the Louisiana Department of Health and Hospitals and supports programs and initiatives focused on improving the health of Louisiana's children and youth. In the United States, approximately 2 in 15 children have been diagnosed with asthma before they reach 18 years of age. Asthmatics in Louisiana face a higher risk of death from asthma than fellow asthmatics nationwide. One in ten Louisiana households with children have at least one child with asthma.

The enclosed guide was developed by the Louisiana Surveillance Collaborative and Louisiana Asthma Management and Prevention Program. This guide is intended to provide school personnel with information and practical ways to help students with asthma come to school each day to learn and participate in activities. The goal of increasing asthma education in schools is to improve school attendance and keep students in classrooms, where they can learn.

The guide includes information on:

- Tips for controlling asthma, information on asthma attacks and what to do during an attack
- Information for physical education teachers and coaches concerning asthma
- Current laws to provide students access to asthma medications and device usage
- Sample Asthma Action Plans and asthma protocols for use at schools
- Information on improving indoor air quality at school

Although asthma cannot be cured, it can be controlled. Schools can help by being supportive of students and staff with asthma; adopting asthma-friendly policies and procedures; and providing asthma education for students and staff. If you have any questions or concerns, please feel free to contact Raegan Carter Jones at 225-219-0363 or you may call the Department's toll-free number, 1-877-453-2721. For further information or to make comments, please contact the Louisiana Asthma Management & Prevention Program, 628 North 4th Street, Baton Rouge, LA 70802, (225) 342-2657 or www.asthma.dhh.louisiana.gov/.

DNG:MKC:TC:rcj

c: Ollie S. Tyler, Deputy Superintendent of Education

"An Equal Opportunity Employer"

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Section I-For the Student and Parent/Guardian

(Increasing Self Management Education for the Student in the School Setting)



Overview

This toolkit is intended to assist schools that are planning and/or maintaining an asthma management program. This guide provides follow-up steps for schools that currently identify students with asthma through health forms or emergency cards or plan to do so. It is designed to offer practical information to school staff members of every position.

Asthma is a leading cause of school absenteeism.

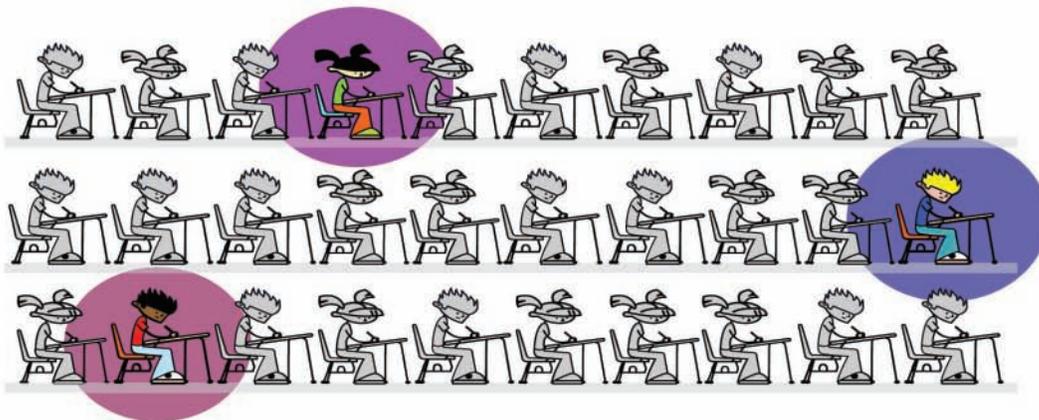
Asthma is one of the leading causes of school absence due to illness. Approximately 9.2 million children younger than 18 years of age have been diagnosed with asthma in their lifetime; 3.2 million or approximately 6 percent of children ages 5 to 17 had an asthma episode (attack) in the preceding year (2001 NHIS data).^{*} School staff members can play an important role in helping students with asthma manage their disease at school.

Why Be Concerned About Asthma at School?

As the figure shows, about 3 students in a classroom of 30 currently have asthma. Uncontrolled asthma can result in reduced performance for the child with asthma and disruptions for the entire classroom.

Students with asthma can function to their maximum potential if their needs are met. The benefits to students include better attendance; improved alertness and physical stamina; fewer symptoms; and fewer restrictions on participation in physical activities and special events, such as field trips, and fewer medical emergencies. Schools and their staff can work together with parents or guardians, students, and health care providers to minimize risk and to provide a healthy and safe educational environment for students with asthma. Good health and safety are prerequisites to academic achievement.

On average, 3 children in a classroom of 30



are likely to have asthma. 4

4 Epidemiology and Statistics Unit. Trends in Asthma Morbidity and Mortality. NYC: ALA, July 2006.

Dear _____:

The _____ School of the _____ school district understands that in order for students to excel academically in our district, they must have a safe and healthy environment in which to live, learn, and play. We feel that a partnership between the school and parents will ensure that the student has a healthy environment where he or she learns. Our school is currently working with the Louisiana Department of Health and Hospitals (DHH) Asthma Management and Prevention (LAMP) Program to decrease environmental triggers that can affect students living with asthma and ensure that parents have the necessary documents in place to allow the school to better respond to the student's need.

In order to provide the best possible school asthma management for your child, please assist us by doing the following:

1. Obtain, from the school nurse, an asthma management plan or asthma action plan—a physician's/healthcare provider's statement of your child's treatment goals, medication, and peak flow plan, and environmental risk reduction measures.
2. Submit the Medication Administration form for any medication that is administered in school, signed by your physician, to allow the student to carry and administer their asthma inhaler and epinephrine pen.
3. Maintain communication with teachers regarding absences caused by asthma.
4. Prepare your child. Discuss and rehearse the medication plan, how to handle symptoms, triggers, food restrictions, and school policies.
5. Keep your physician up to date on the needs of the school nurse.

Remember to obtain an Asthma Action Plan and Medication Administration form from the school nurse.

Thank you for working with us to assist your child.

Sincerely,

Principal/School Nurse

What is Asthma?

Asthma is a serious chronic lung disease that can be controlled by taking medicine and making changes in your environment even though it cannot be cured. The basic cause of asthma is not yet known, but it tends to run in families. It is common in children or adults with allergies and if not treated correctly, can result in death. Currently, 12% of children in Louisiana have asthma and it is the number one reason children miss school.

What Causes Asthma Events?

Triggers such as allergies, colds, tobacco smoke, or exercise can cause asthma episodes. Eighty percent of people with asthma have allergies to airborne substances such as:

- trees
- grass
- weed
- mold
- animal dander
- dust mites
- cockroach particles
- tobacco smoke

Children who have high levels of cockroach droppings in their homes are more likely to have childhood asthma than children whose homes have low levels.

The Main Signs and Symptoms of Asthma are:

Asthma episodes rarely come on suddenly. Often there are clues or early warning signs that an episode may occur. Some early warning signs may be runny nose, coughing, shortness of breath, inability to sleeping at night, inability to exercise, prolonged respiratory infections, or a decrease of lung capacity.

The main signs and symptoms of asthma are:

- coughing
- shortness of breath
- wheezing
- tightness of the chest
- waking up at night with symptoms
- coughing with exercise
- coughing more than 2 weeks or wheezing after viral infections

Visit our website at: www.asthma.dhh.louisiana.gov

What Happens During An Asthma Attack?

During an asthma episode a person has hard time breathing because:

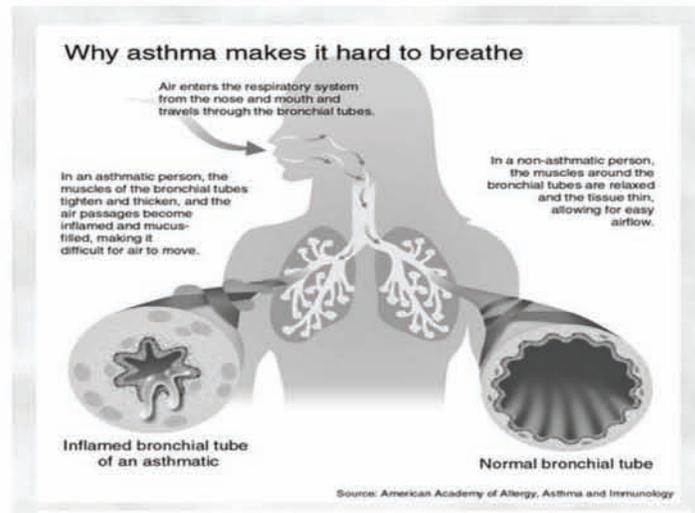
- The lining of the airways becomes swollen
- The muscles around the airways tighten, making the airways smaller
- Thick mucus forms, blocking small airways

Warning Signs of an Asthma Attack

- Breathing very quickly or hunched over
- Severe wheezing
- Nostrils open wider with each breath
- Hard time walking, talking, or eating
- The skin between the ribs is pulled tight
- Lips, skin, or fingernails are blue
- Quick relief medicine isn't working after 20 minutes

How to Avoid an Asthma Attack

- Refer to your asthma action plan developed by your doctor
- Take your quick relief medication as need or prescribed by your doctor
- Asthma episodes may be prevented by avoiding asthma triggers and taking a controller medicine, if prescribed by your doctor
- If your or your child's asthma action plan includes a daily controller medicine, be sure to take it every day, even when you or your child feels good



Visit our website at: www.asthma.dhh.louisiana.gov

Taking Control of Your Asthma

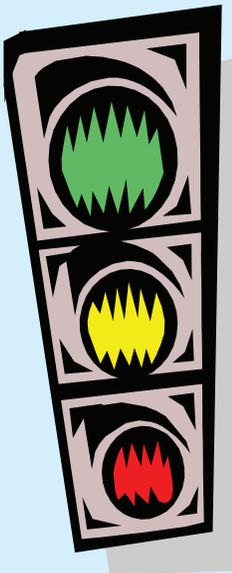
Good asthma control means the child being able to:

- Play and exercise when the child wants.
- Sleep through the night without cough or wheeze.
- Avoid urgent visits to the doctors and no hospitalization because of asthma.



The Asthma Action Plan – What Does it Mean?

How the Parent, Physician and Teacher can Monitor Your Child's Asthma.



GREEN Asthma Zone Child is Under Control

This zone means the child has no signs of asthma which includes no coughing, no wheezing, no fast breathing, and the child is playing with no problems

YELLOW Asthma Zone Follow Treatment in Asthma Action Plan

This zone means the child is having signs such as coughing, wheezing, cold symptoms, coughing at night

RED Asthma Zone SEEK EMERGENCY HELP!

This zone means medicine is not helping within 10-20 minutes, fast breathing, trouble walking & talking, lips and/or fingernails blue

Need Help Controlling Asthma?



*Asthma HELP
is here when
you need them.*

What is Asthma HELP?

Asthma Health Education by Louisiana Pharmacists (*Asthma HELP*) is a FREE educational program for Louisiana Medicaid recipients with asthma. Upon referral, your patient will be assigned to one specific pharmacist who is a certified asthma educator.

If I have asthma, how can I be chosen for this free program?

To participate in this program, you must have Louisiana Medicaid and have been to the emergency room during the past 6 months because of your asthma.

How do I enroll in the Asthma HELP Program?

To enroll in this free program, please call 1-866-762-2404, or a member of our *Asthma HELP* team will call you within the next few weeks to see if you would like to enroll. This program is offered as a free service to you, but you are not required to participate.

**If you have any questions about this program
please call toll-free: 1-866-762-2404.
Ask to speak to one of the Asthma HELP pharmacists.**



Health Education by Louisiana Pharmacists

*Sponsored by the Louisiana Medicaid Pharmacy Benefits Management Program
and the University of Louisiana at Monroe College of Pharmacy.*

Using Your Inhaler Medicine

Spray inhaler with a tube type spacer or holding chamber



Step 1

Take off cap and
Make sure opening is clean.
Shake inhaler 5 seconds.



Step 2

Put inhaler into spacer.



Step 3

Breathe out all the air in your
lungs.



Step 4

Put spacer in your mouth and
close lips tightly around the
mouthpiece.

Spray one puff of medicine
into the spacer.



Step 5

Start to take a **slow deep**
breath.
If you hear a whistle, breathe
slower, but keep taking a deep
breath.
Do not breathe through your
nose.



Step 6

Take the spacer out of your
mouth and hold your breath.
Count to 10 slowly.



Step 7

Breathe out slowly,
like cooling soup on a spoon.

Best to use inhalers with a spacer.

More medicine will get into the lungs and less on your tongue and throat.

Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.

Using a spacer with facemask



1. Take off inhaler cap and make sure opening is clean. Shake inhaler 5 seconds.



2. Put inhaler into open end of spacer.



3. Put mask over the nose AND mouth. Press against the face gently so no air or medicine escapes.



4. Spray one puff of medicine and hold the mask in place.



5. Breathe in and out 6 times.

Best to use inhalers with a spacer.

More medicine will get into the lungs and less on your tongue and throat.

Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.

Using Your Inhaler Medicine

Dry Powder Inhaler (DPI)



Twisthaler

Open Inhaler



1. Hold inhaler straight up with pink base on bottom.



2. Hold base and twist white cap to the left.
The dose counter counts down by one as you twist off the white cap.

Inhale dose



3. Turn head and breathe out.



4. Close lips tight around the mouthpiece and take a deep, fast breath.
Hold the inhaler horizontal.



5. Take inhaler out of your mouth and hold breath for 10 seconds.
Replace the cap on the inhaler and twist to the right until it clicks.
It must be fully closed to load the next dose.



Be sure the arrow on the cap is lined up with the dose counter on pink base.

Repeat each step every time you take a dose.

Using Your Inhaler Medicine

Dry Powder Inhaler: Flexhaler

**First time use: Prime the inhaler 2 times.
Do the loading steps 1, 2 and 3 below.**

Load the dose



Step 1

1. Hold straight up and twist off white cap.



Step 2

2. Twist brown base to the right.



Step 3

3. Twist brown base to the left until you hear a click.

Inhale the dose



Step 1

1. Turn face away and breathe out. Do not blow into the inhaler.



Step 2

2. Put your lips around the mouthpiece. Breathe in deeply and forcefully. Hold inhaler straight up or sideways. Do not tip or you will lose dose.



Step 3

3. Hold your breath a few seconds. Blow out gently.



Inhaler is empty when the number "0" shows in the middle of the red background.

Rinse mouth after use.

It is best to use inhalers with a spacer. More medicine will get into the lungs and less on your tongue and throat. If you don't use a spacer, here are 2 ways to use your inhaler.



Spray Inhaler with Open Mouth

1. Take off cap and make sure opening is clean. Shake 5 seconds.
2. Breathe out all the air in your lungs.
3. Hold the inhaler two finger widths away.
4. As you start to breathe in through your mouth, push down on the top of the inhaler and keep taking a slow deep breath.
5. Hold breath for 10 seconds.
6. Breathe out slowly through pursed lips (like cooling soup on a spoon.)



Spray Inhaler in Mouth

1. Take off cap and make sure opening is clean. Shake 5 seconds.
2. Breathe out all the air in your lungs.
3. Put inhaler in your mouth and close lips tightly around the opening of the inhaler.
4. As you start to breathe in through your mouth, push down on the top of the inhaler and keep taking a slow deep breath.
5. Hold breath for 10 seconds.
6. Breathe out slowly through pursed lips (like cooling soup on a spoon.)

Use more than 1 puff of medicine? Wait at least 30 seconds between puffs.

Using Your Nebulizer Medicine



Getting Ready



Step 1

1. Put the nebulizer compressor (machine) on a hard surface and plug machine into outlet.



Step 2

2. Unscrew top of nebulizer.



Step 3

3.. Put a dose of medicine in the nebulizer cup.



Step 4

4. Put top of nebulizer back on and turn until tight.



Step 5

5. Put mouthpiece onto nebulizer with valve facing down (outlet away from eyes).



Step 6

6. Press the tubing firmly to the bottom of the nebulizer.



Step 7

7. Attach opposite end of tubing to machine's outlet port.

See other side ⇨

Using the Nebulizer



8. Turn compressor (machine) on.

Step 8



9. Look at mouthpiece to see if there is a steady mist.

Step 9



10. Put mouthpiece between teeth and top of tongue. Breathe in through mouth.

Step 10



11. Use a mask if you cannot breathe through your mouth.. Blowing medicine in the face is not a good way to get medicine into the lungs.

Step 11

At The End:



12. After medicine is gone, turn compressor off.

Step 12



13. Clean nebulizer parts with hot soapy water, or vinegar and hot water.

Step 13

Tips: Do not wash tubing. Change when it looks wet or dirty.
Change filter on machine when it turns gray or looks dirty.
Rinse mouth after using inhaled steroid in nebulizer.

Using Your Inhaler Medicine

Dry Powder Inhalers (DPI)



Diskus



1. **Open:** Keep diskus level in one hand. Put thumb of your other hand on grip and push away until the mouthpiece appears and snaps into place.
 2. **Click:** Slide lever away from you as far as it will go until you hear or feel a "click". Hold the diskus level and do not tip or you will lose the dose.
 3. **Breathe Out:** Turn face away and breathe out. Do not blow into the diskus.
 4. **Inhale:** Put the mouthpiece between your lips. Breathe in quickly and deeply through the diskus. Hold your breath for 10 seconds
 5. **Close** the diskus, then blow out gently.
 6. **Rinse** mouth with water, gargle and spit. Do not swallow.
- Take only one breath each time.
 - The counter on the side shows how many doses are left
One month = 60 doses. 14 days = 28 doses

Using Your Peak Flow Meter

Get Ready: Get a pencil and your peak flow chart.



1. Slide the marker down as far as it will go.
This sets the meter to zero.



2. Stand up and take a deep breath with your mouth open.
Hold the meter. Keep your fingers away from the numbers.



3. Close your lips around the tube.
Do not put your tongue in the hole.
Blow one time as fast and hard as you can.



4. The marker will go up and stay up. Do not touch the marker.
Find the number where the marker stopped.



5. Write down the number.



6. Blow 2 more times. Slide the marker down each time.
Write the number down each time.



7. Keep the highest number on a chart. Do this for 1-2 weeks.
Show your doctor, nurse or asthma educator.

Section II-For School Personnel

(Increasing Self Management Education for the Student in the School Setting)



WHAT TO DO DURING AN ASTHMA ATTACK

Common Symptoms of an Asthma Attack

Coughing . Chest pain or tightness . Shortness of or gasping for breath . Wheezing .
Flushed, pale, ashen or bluish looking skin . Speaking in clipped or short bursts of speech

1. Have the athlete **STOP** whatever activity he/she is doing.
< Send another player to get the parent. **DO NOT** leave the athlete alone.
2. Follow the athlete's Asthma Action Plan or emergency plan if there is one.
3. If the athlete has a **RESCUE INHALER**, have the athlete use it **IMMEDIATELY**.
Generally, an athlete should:
< Take 1 puff, hold breath for 10 seconds and exhale.
< Wait 1-2 minutes between puffs.
< Take another puff, hold breath for 10 seconds and exhale.

- Have the athlete sit up and slowly breathe in through the nose and out through pursed lips.
- Give sips of room temperature water.
4. **REPEAT** above steps if **SYMPTOMS CONTINUE**.
5. **ONLY IF** and **WHEN** symptoms are **COMPLETELY** gone can the athlete go back to playing.
6. **IF SYMPTOMS REOCCUR** after the athlete resumes playing, repeat these steps and **DO NOT** allow the athlete to resume playing for the remainder of the game.

CALL 911 IF:

- **YOU** are not sure what to do – or
- **Rescue medications** are not working (symptoms are getting worse, not better) or, meds are unavailable – or
- The athlete's lips or fingernails are blue – or
- The athlete is having difficulty talking, walking, or drinking liquids – or
- The athlete's nostrils are flaring out – or
- You see neck, throat or chest retractions – or
- The athlete is in obvious distress, there is a change in level of consciousness, or the athlete is showing signs of confusion – or
- The athlete's condition is deteriorating.

DO NOT HESITATE TO CALL 911

Adopted from the Minnesota Department of Health Asthma Program

Louisiana School Asthma Management Plan

Steps to follow for an Asthma Episode in the
School Setting When a Nurse is Not Available

Know which students have asthma and know where students store their medications whether it is with the school healthcare professional, administrative office or they self carry and administer.

If a student has asthma symptoms or complaints and needs your help, take these steps:

- ✓ **Quickly evaluate the situation. Call 911 if the student is struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- ✓ **NEVER LEAVE A STUDENT ALONE.**
- ✓ **Stop the student's activity.**
- ✓ **Help the student locate and take his/her prescribed quick-relief inhaler medicine.**
- ✓ **Contact the parent/guardian.**
- ✓ **Repeat quick-relief inhaler medicine in 20 minutes if a student is still having trouble breathing.**

Call 911 if any of the following occur:

- ✓ If the student is **struggling to breathe, talk, stay awake, has blue lips, or asks for an ambulance.**
- ✓ If the **student doesn't improve** after two administrations of quick-relief medicine, and nurse/designee or parent/guardian is not available.
- ✓ If no quick-relief medicine is available, **the student's symptoms have not improved** spontaneously, and nurse/designee or parent/guardian is not available.
- ✓ If you are unsure what to do.

Adopted from the National Asthma Education and Prevention Program

Louisiana Asthma Friendly Schools

The Asthma Friendly Schools Checklist is a tool for Louisiana schools to use to improve the quality of life, health outcomes and well-being for school-age children with asthma.

<input type="checkbox"/>	<i>Are school buildings, grounds and vehicles 100% smoke free?</i>	Louisiana Smoke-Free Air Act 815 requires that schools in Louisiana with grades pre-K through 12 th must prohibit smoking on all school property. LAMP recommends and supports 100% Tobacco-Free Schools.
<input type="checkbox"/>	<i>Are Students allowed to carry and self-administer asthma medications?</i>	Louisiana Act 145 is a law that allows students in public schools to carry asthma and anaphylaxis medications in school and anytime under the care of the school that the student attends.
<input type="checkbox"/>	<i>Does your school have a plan for teachers to handle asthma episodes?</i>	The Louisiana School Asthma Management Plan can be adopted by your school district for teachers to follow in the event of an emergency and absence of the school nurse.
<input type="checkbox"/>	<i>Do ALL students with asthma have an Asthma Action Plan on file?</i>	The Louisiana Asthma Management and Prevention Program Asthma Action Plan can be utilized by the health care provider, caregiver and school staff to help manage the student's asthma.
<input type="checkbox"/>	<i>Is there a school nurse or unlicensed school personnel present during all school hours?</i>	The school has a nurse and/or identified unlicensed school personnel assess, monitor and administer medications to students with asthma at your school. The nurse is readily available to provide guidance on issues with asthma.
<input type="checkbox"/>	<i>Does the school nurse or other asthma expert provide education to personnel, caregivers and students?</i>	The school nurse and/or identified asthma expert provides education to school personnel, caregivers, and students with asthma around asthma symptoms, triggers, treatments, asthma action plans and asthma medications.
<input type="checkbox"/>	<i>Does the school work to increase physical activity for students with asthma?</i>	Students are encouraged and allowed to fully and safely join in physical education, team sports and other extracurricular activities while having asthma medications nearby before and after activities.
<input type="checkbox"/>	<i>Does the school have good indoor air quality?</i>	The school has adopted and implemented the Louisiana's Top Ten No or Low Cost Tools for Schools Indoor Air Quality Interventions.

If the answer to any question is "no," then it may be harder for students to have good control of their asthma. Uncontrolled asthma can hinder a student's attendance, participation and progress in school. School staff, health care providers, and families should work together to make schools more asthma-friendly to promote student health and education.

Adopted from the National Heart, Lung and Blood Institute National Asthma Education and Prevention Program



Teacher's Classroom Checklist

Name: _____

School: _____

Room or Area: _____ Date Completed: _____

Signature: _____

Instructions

1. Read the *IAQ Backgrounder* and the Background Information for this checklist.
2. Keep the Background Information and make a copy of the checklist for future reference.
3. Complete the Checklist.
 - Check the "yes," "no," or "not applicable" box beside each item. (A "no" response requires further attention.)
 - Make comments in the "Notes" section as necessary.
4. Return the checklist portion of this document to the IAQ Coordinator.

1. GENERAL CLEANLINESS

- | | Yes | No | N/A |
|---|--------------------------|--------------------------|--------------------------|
| 1a. Ensured rooms are dusted and vacuumed regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1b. Ensured rooms are free of clutter | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1c. Ensured that trash is removed daily | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1d. Ensured that no food is stored in classroom overnight | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1e. Ensured that animal food is stored in tightly sealed containers | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1f. Ensured room is free of pests and vermin | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 1g. Used unscented, school-approved cleaners and air fresheners, if any, in rooms | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

2. ANIMALS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 2a. Minimized exposure to animal allergens | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2b. Ensured that animals are kept in cages (as much as possible) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2c. Ensured that cages are cleaned regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2d. Placed animal cages away from supply and return vents | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2e. Consulted school nurse about student allergies or sensitivities (privacy laws may limit the information that health officials can disclose) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2f. Identified potential allergies of students | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 2g. Moved sensitive students away from animals and habitats | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

3. DRAIN TRAPS IN THE CLASSROOM

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 3a. Ensured that water is poured down floor drains once per week (approx. 1 quart of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3b. Ensured that water is run in sinks at least once per week (about 2 cups of water) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 3c. Ensured that toilets are flushed once each week, especially if not used regularly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

4. EXCESS MOISTURE IN CLASSROOMS

- | | | | |
|---|--------------------------|--------------------------|--------------------------|
| 4a. Ensured that condensate is wiped from windows, windowsills, and window frames | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4b. Ensured that cold water pipes are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4c. Ensured that indoor surfaces of exterior walls are free of condensate | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4d. Ensured areas around and under classroom sinks are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4e. Ensured classroom lavatories are free of leaks | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4f. Ensured ceiling tiles and walls are free of leaks (discoloration may indicate periodic leaks) | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |
| 4g. Ensured that spills are cleaned promptly | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |



5. THERMAL COMFORT

Yes No N/A

- 5a. Ensured moderate temperature (should generally be 72°F–76°F)
- 5b. Ensured there are no signs of draftiness
- 5c. Ensured that students are not seated in direct sunlight
- 5d. Ensured that indoor humidity is maintained at acceptable levels (between 30 and 60 percent)

6. VENTILATION

- 6a. Located unit ventilator
- 6b. Located air supply and return vents
- 6c. Ensured air is flowing from supply vent
- 6d. Ensured the air supply pathway is not obstructed
- 6e. Ensured there are no vehicle exhaust, kitchen/food, and chemical odors in the classroom
- 6f. Ensured there are no signs of mold or mildew (refer to **Appendix H** of the *IAQ Reference Guide*)
- 6g. Determined operability of windows

7. EDUCATIONAL SUPPLIES (Art, Science, Industrial/Vocational)

- 7a. Reviewed supplies and their labels
- 7b. Ensured that Material Safety Data Sheets are accessible
- 7c. Developed and implemented spill clean-up procedures
- 7d. Labeled all chemicals accurately with date of receipt/preparation and pertinent precautionary information
- 7e. Ensured that supplies are stored according to manufacturers' recommendations
- 7f. Understood and followed recommended procedures for disposal of used substances
- 7g. Ensured that compressed gas cylinders are stored securely
- 7h. Separated storage areas from main classroom area and ensured they are ventilated separately
- 7i. Used diluted substances rather than concentrates, wherever possible
- 7j. Minimized exposure to hazardous materials (i.e., used non-hazardous materials and pre-mixed products)
- 7k. Ensured that fume hoods capture respirable particles, gases, and vapors released within them

8. LOCAL EXHAUST FANS

- 8a. Identified major pollutant-generating activities, if any
- 8b. Located exhaust fan(s), if any
- 8c. Determined that fans operate
- 8d. Ensured that adjacent rooms or halls are free of odor

9. LOCKER ROOM

- 9a. Ensured locker room and showers are cleaned regularly and properly
- 9b. Checked that soiled clothes are removed regularly
- 9c. Ensured that wet towels are removed from locker room
- 9d. Ensured that there is water in the drain trap
- 9e. Verified that the local exhaust fan is functioning properly and used consistently



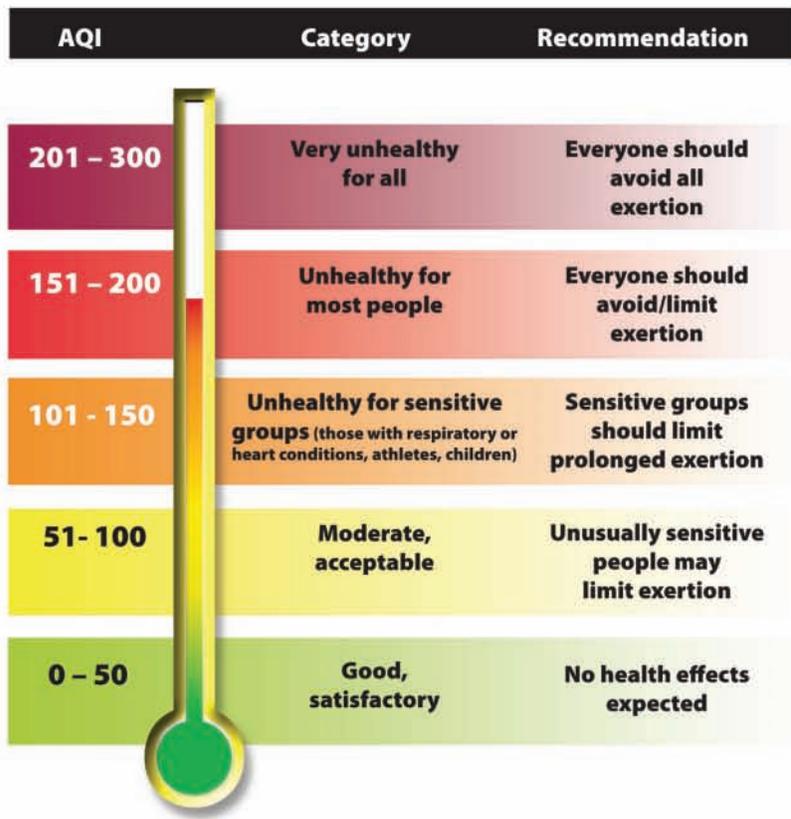
What to do when the AQI goes up

Protect yourself:

Take it easy, especially if you have heart or lung disease. Even if you are not in the “sensitive” category, reduce or postpone activities that lead to deep breathing.

Reduce air pollution:

- Limit driving — share a ride to work and postpone errands to the next day.
- Delay painting, use of solvents and refuel your vehicle after 8 p.m. to reduce harmful fume evaporation into the air.
- Postpone using other gasoline-powered engines like garden and recreational equipment.
- Postpone indoor and outdoor recreational fires.
- To reduce demand on power plants, turn off as many electric items as possible.



For instant air quality information that can protect the health of families and your students, please visit <http://www.deq.louisiana.gov> and subscribe to EnviroFlash.



In Louisiana, two air pollutants cause concern:

Ozone (smog) forms through a chemical reaction involving hot sunshine and chemicals emitted from vehicles, power plants and industry. Ozone is a summer problem in Louisiana. Ozone causes shortness of breath, coughing, eye irritation, and aggravates asthma.

Fine particles are so tiny that it would take 50-100 of them to equal the width of a human hair! Fine particles come from cars and trucks, power plants and industry, and even fires. Fine particle pollution is linked to both heart and lung problems, and may even lead to premature death in people with cardiovascular or respiratory disease.

Louisiana Air Quality Guidance for Schools & Child Care Facilities on Poor Air Quality Days for Ozone & Fine Particles

		Air Quality Index (AQI)				
ACTIVITY	0 to 50 GOOD	51 to 100 MODERATE	101 to 150 UNHEALTHY FOR SENSITIVE GROUPS (children & people with respiratory or cardiovascular diseases*)	151 to 200 UNHEALTHY	201 to 300 VERY UNHEALTHY	
Recess or Other Outdoor Activities (15 to 30 minutes)	No Limitations	No Limitations	Sensitive groups should limit prolonged or heavy outdoor exertion.** Increase rest periods and substitute players to lower breathing rates.	Everyone should limit prolonged or heavy outdoor exertion.** Increase rest periods & substitute players.	Restrict outdoor activities to light or moderate exercise.	
Physical Education Class or Outdoor Activities (30 to 60 minutes)	No Limitations	No Limitations	Sensitive groups should limit prolonged or heavy outdoor exertion.** Increase rest periods and substitute players to lower breathing rates.	Everyone should limit prolonged or heavy outdoor exertion.** Increase rest periods & substitute players.	Restrict outdoor activities to light or moderate exercise not to exceed one hour.	
Scheduled Sporting Events or Outdoor Activities	No Limitations	Unusually sensitive individuals should consider reducing prolonged or heavy outdoor exertion.** Individuals with asthma or other respiratory/ cardiovascular illness (or their caregivers) should be medically managing their condition.	Sensitive groups should limit prolonged or heavy outdoor exertion.** Increase rest periods and substitute players to lower breathing rates.	Everyone should limit prolonged or heavy outdoor exertion.** Consideration should be given to rescheduling or relocating event/activity. Increase rest periods or substitute players.	Event should be rescheduled or relocated.	
Athletic Practice and Training (2 to 4 hours)	No Limitations	Unusually sensitive individuals should consider reducing prolonged or heavy outdoor exertion.** Individuals with asthma or other respiratory/ cardiovascular conditions (or their caregivers) should be medically managing their condition.	Sensitive groups should limit prolonged or heavy outdoor exertion.** Increase rest periods and substitute players to lower breathing rates.	Limit prolonged or heavy outdoor exertion.** Consideration should be given to rescheduling or relocating practice or training. Increase rest periods or substitute players.	Sustained rigorous exercise for more than one hour must be rescheduled, moved indoors or discontinued.	

*Individuals with asthma or other respiratory or cardiovascular conditions (or their caregivers) should be medically managing their conditions.

**Prolonged exertion means any outdoor activity that you will be doing intermittently for several hours and that makes you breathe slightly harder than normal. Heavy exertion means intense outdoor activities that cause you to breathe hard. For more information, visit the US Environmental Protection Agency air quality web sites www.airnow.gov and http://www.epa.gov/airnow/aqi_brochure_08-09.pdf.

HOW TO USE THIS TABLE

Use of this table by schools and child care facilities is voluntary. Information about daily air quality conditions in Louisiana may be viewed on the Louisiana Department of Environmental Quality (LDEQ) web site at <http://www.deq.louisiana.gov/portal/abid/2831/Default.aspx>. This information is reported via the Air Quality Index (AQI). Note: Forecasted air quality conditions are also available at <http://www.deq.louisiana.gov/portal/abid/2505/Default.aspx>.

Here's an example of how this table might be used to determine changes to be made for a Friday afternoon Physical Education program.

- **Step 1:** On Thursday afternoon, check Friday's forecast <http://www.deq.louisiana.gov/portal/abid/2505/Default.aspx>. While you're there, sign up for EnviroFlash(<http://www.deq.louisiana.gov/portal/Default.aspx?tabid=2880>), to be notified by e-mail about the latest changes in air quality.

- **Step 2:** If the forecast for Friday is Unhealthy for Sensitive Groups, follow the guidance in the table (e.g., sensitive groups should limit prolonged/heavy exertion); make arrangements to have indoor space available for individuals with asthma and other respiratory diseases or cardiovascular diseases.

- **Step 3:** On Friday prior to class, check the current AQI. Since fine particles can vary from one area to another, click on the map for a representation of fine particle levels in your area. If the AQI in your area has moved to Moderate, sensitive individuals may need to modify their activities. However, if the AQI has moved to Unhealthy, note that everyone is advised limit prolonged/heavy physical exertion.

Please note: Before cancelling a scheduled outdoor athletic event check the current AQI data for up-to-date information.

Fine Particles: In Louisiana fine particles (2.5 microns and smaller) levels in outdoor air generally are highest during the fall and winter months. Children and adults who are exposed to fine particles may experience respiratory symptoms such as asthma symptoms and difficulty breathing. Small particles may enter deep parts of the lung and cross into the bloodstream and circulate in the body. Exposures to fine particles also are associated with increased risks of cardiovascular disease, such as heart attacks, in adults.

Ozone: Ozone (O₃) is an invisible pollutant and a strong irritant that can cause constriction of the airways, forcing the respiratory system to work harder in order to provide oxygen. It can also cause other health problems such as aggravating asthma and other respiratory conditions, damage to the deep portions of the lungs, wheezing, dry throat, headache, nausea, increased fatigue, weakened athletic performance and more. Long-term exposure to polluted air may have permanent health effects including decreased lung function, possible development of diseases such as asthma and bronchitis, or a shortened life span. Ozone usually reaches its highest level during the afternoon and early evening hours, and the highest concentrations are often downwind of the urban area. Indoor levels of ozone are usually less than outdoor air.

TO RECEIVE NOTIFICATION OF AIR POLLUTION ALERT

When ozone or fine particle levels reach, or are predicted to reach, harmful levels for sensitive groups (AQI of 101 or greater), the LDEQ issues an ozone action day alert. To receive notification, sign up via EnviroFlash at: <http://www.deq.louisiana.gov/portal/Default.aspx?tabid=2880>

PHYSICAL ACTIVITY AND PROPER MEDICAL MANAGEMENT

The health benefits of regular physical activity are well documented. The intent of this table is to help children and adults continue to exercise while protecting their health when air quality is poor. Participation in regular physical activity promotes normal growth and development, and helps to reduce the risk of developing obesity and chronic diseases (e.g., diabetes). For more information about the importance of physical activity, see the Centers for Disease Control and Prevention: <http://www.cdc.gov/physicalactivity/>. On most days of the year, Louisiana has good to moderate air quality and there is no reason to limit physical activities. Fine particle concentrations indoors will vary depending on several site-specific school factors, such as cooking and cleaning practices, indoor sources and ventilation, and therefore, no information is available to make general recommendations about whether going indoors or outdoors will reduce exposures. During ozone air pollution action days, routine physical activities may be continued indoors because indoor ozone levels are considerably lower than outdoors.

Asthma is one of the most common chronic diseases in the United States, characterized by inflammation and narrowing of the airways. The impact of asthma on children includes missed school days, interrupted sleep and limited physical activity. Approximately 13% of Louisiana households had a child diagnosed with asthma (LABRFSS 2009). While it cannot be cured, it can be controlled through adequate access to medical care, medications and self-management. Visit these Louisiana Department of Health and Hospitals asthma program web site for information: www.asthma.dhh.louisiana.gov

This guidance was developed by the Louisiana Department of Health and Hospitals and the Louisiana Department of Environmental Quality. The table was adapted from the Sacramento Metropolitan Air Quality Management District air quality guidelines for schools, July 2010

Section III-For the School Health Professional

(Assessing and Managing Asthma in the School Setting)



Dear Dr _____:

The _____ School of the _____ school district understands that in order for your patient(s) to excel academically in our district, they must have a safe and healthy environment in which to live, learn, and play. Our school is currently working with the Louisiana Department of Health and Hospitals (DHH), Asthma Management and Prevention (LAMP) Program to decrease school absenteeism for your patient living with asthma, as well as, increase the patient's ability to maintain and control their asthma during the school day.

In order to provide the best possible school asthma management for your patient, we request your assistance with the following:

1. Please complete the Louisiana Asthma Management and Prevention Program asthma management plan or asthma action plan provided by the school nurse to be signed by the physician, caregiver, and student.
2. Please complete the attached Medication Administration form for any medication that is administered in school, signed by your physician, to allow the student to carry and administer their asthma inhaler and epinephrine pen.
3. Maintain communication with the school nurse regarding the needs of your patient.
4. Assist the state of Louisiana Department of Health and Hospitals in connecting your Medicaid patient(s) to the University of Louisiana *Asthma* Help Line at **1-866-762-2404**. This is a program for Medicaid enrollees which will allow your patient(s) to receive free asthma health education from Louisiana pharmacists.

We look forward to a great partnership providing care for your patient and our student.
Thank you for working with us to assist your patient.

Sincerely,

Principal/School Nurse



STATE OF LOUISIANA

MEDICATION ORDER

TO BE COMPLETED BY LA, TX, AR, OR MS LICENSED PRESCRIBER

(In most instances, medications will be administered by unlicensed personnel.)

PART 1: PARENT OR LEGAL GUARDIAN TO COMPLETE.

Student's Name _____ Birthdate _____

School _____ Grade _____

Parent or Legal Guardian Name (print): _____

Parent or Legal Guardian Signature: _____ Date: _____

(Please note: A parental/legal guardian consent form must also be filled out. Obtain from the school nurse.)

PART 2: LICENSED PRESCRIBER TO COMPLETE.

1. Relevant Diagnosis(es): _____

2. Student's General Health Status: _____

3. Medication: _____

4. Strength of medication: _____ Dosage (amount to be given): _____

Check Route: By mouth By inhalation Other _____

Frequency _____ Time of each dose _____

*School medication orders shall be limited to medication that cannot be administered before or after school hours. Special circumstances must be approved by school nurse.*5. Duration of medication order: Until end of school term Other _____

6. Desired Effect: _____

7. Possible side-effects of medication: _____

8. Any contraindications for administering medication: _____

9. Other medications being taken by student when not at school:

10. Next visit is: _____

Prescriber's Name (Printed) _____ Address _____ Phone and Fax Numbers _____

Prescriber's Signature _____ Credential (i.e., MD, NP, DDS) _____ Date _____

*Each medication order must be written on a separate order form. Any future changes in directions for medication ordered require new medications orders. Orders sent by fax are acceptable. Legibility may require mailing original to the school. Orders to discontinue also must be written.***PART 3: LICENSED PRESCRIBER TO COMPLETE AS APPROPRIATE.****Inhalants / Emergency Drugs****Release Form for Students to be Allowed to Carry Medication on His/Her Person***Use this space only for students who will self-administer medication such as asthma inhaler.*1. Is the student a candidate for self-administration training? Yes No2. Has this student been adequately instructed by you or your staff and demonstrated competence in self-administration of medication to the degree that he/she may self-administer his/her medication at school, provided that the school nurse has determined it is safe and appropriate for this student in his/her particular school setting? Yes No3. If training has not occurred, may the school nurse conduct a training program? Yes No_____
Licensed Provider's Signature _____ Date _____



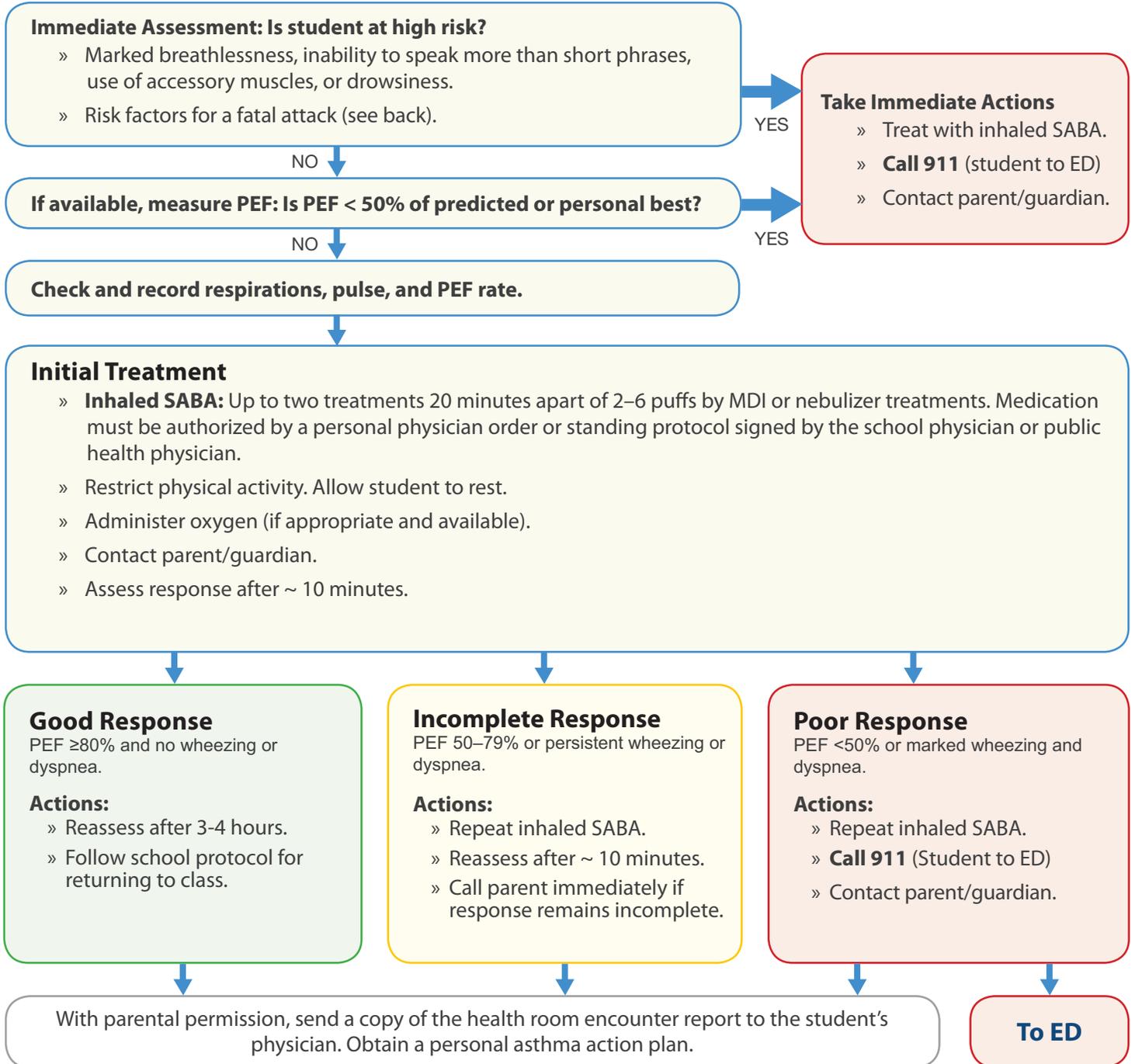
National Asthma Education and Prevention Program

MANAGEMENT OF ASTHMA EXACERBATIONS: *School Treatment*

Suggested Emergency Nursing Protocol for Students with Asthma Symptoms Who Don't Have a Personal Asthma Action Plan

A student with asthma symptoms should be placed in an area where he/she can be closely observed. Never send a student to the health room alone or leave a student alone. Limit moving a student who is in severe distress. Go to the student instead.

See list of Possible Observations/Symptoms on back.



ED: emergency department
PEF: peak expiratory flow

MDI: metered-dose inhaler
SABA: short-acting beta2-agonist (quick-relief inhaler)

SEPTEMBER 2008

Possible Observations/Symptoms (May include one or more of the following):

- » Coughing, wheezing, noisy breathing, whistling in the chest.
- » Difficulty or discomfort when breathing, tightness in chest, shortness of breath, chest pain, breathing hard and/or fast.
- » Nasal flaring (nostril opens wide to get in more air).
- » Can only speak in short phrases or not able to speak.

Risk Factors for Death from Asthma

Asthma history

- » Previous severe exacerbation (e.g., intubation or ICU admission for asthma).
- » Two or more hospitalizations for asthma in the past year.
- » Three or more ED visits for asthma in the past year.
- » Hospitalization or ED visit for asthma in the past month.
- » Using >2 canisters of SABA per month.
- » Difficulty perceiving asthma symptoms or severity of exacerbations.
- » Other risk factors: lack of a written asthma action plan, sensitivity to Alternaria.

Social history

- » Low socioeconomic status or inner-city residence.
- » Illicit drug use.
- » Major psychosocial problems.

Comorbidities

- » Cardiovascular disease.
- » Other chronic lung disease.
- » Chronic psychiatric disease.

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www.asthma.dhh.louisiana.gov

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School Asthma Tool Kit

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