

Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools



**Jeb Bush
Governor**

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Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools

Purpose and Background

The purpose of this document is to provide guidelines for school nurses and other personnel working for county health departments and local school districts to help ensure that students with asthma are provided a safe learning environment and are integrated into school activities. These guidelines do not represent a mandate to school districts, but establish a set of experience-based practices that have worked in school settings and serve as a resource for developing local plans. Asthma can be life threatening. These guidelines are developed for use in conjunction with emergency management policies, including 911 systems. They do not negate the need to call 911 in accordance with local policies, if the student's condition is life threatening or immediate access to licensed school health staff is not possible.

This document is designed to provide basic information about asthma, describe the medical and legal requirements for meeting the needs of students in school, and provide guidelines for determining when delegation to unlicensed assistive personnel (UAP) is safe and in the best interest of the child. These guidelines will also assist the school nurse in developing the plan of care in cooperation with the parent/guardian, student, and designated care providers in the school. To ensure the safety of the students, advance planning and preparation are required to identify and train individuals in the schools, who are ready to provide the special services these children may need.

These guidelines represent the outcome of many workgroup meetings, review of current literature, and collection of documents from local school districts; county health departments; the Environmental Protection Agency; the Centers for Disease Control and Prevention; the National Heart, Lung, and Blood Institute; the Environmental Council of States; and the Association of State and Territorial Health Officers. They do not represent the specific opinion of any individual or institution. The guidelines are not intended to replace clinical judgment or individualized consultation with medical providers, nor are they intended to be used as fixed protocols. Guidelines are designed to identify practical management practices for students with asthma while they are under the care and supervision of the school.

“Guidelines describe a process of patient care management which has the potential for improving the quality of clinical and consumer decision making. Guidelines are systematically developed statements based on available scientific evidence and expert opinion. Guidelines address the care of specific patients and populations or phenomena.” (National Association of School Nurses, 2001) Position statements and other publications developed by the National Association of School Nurses, the American School Health Association, the American Public Health Association's Public Health Nursing Section, the National Association of State School Nurse Consultants, the American Nurses' Association, and others, when specific to aspects of school nursing practice, may be regarded as guidelines.

“While standards are intended to be rigid and mandatory—making exceptions rare and difficult to justify—guidelines are more flexible, although they should be followed in most cases. Guidelines can be tailored to fit individual needs that are influenced by the patient [student], setting, resources and other factors.” (Florida Agency for Health Care Administration, 2001)

The Florida School Health Services Act, section (s.) 381.0056, *Florida Statutes (F.S.)*, authorizes the Florida Department of Health, in cooperation with the Florida Department of Education, to supervise the administration of the school health services program in Florida. School health services “should be carried out to appraise, protect, and promote the health of students. School Health Services supplement, rather than replace, parental responsibility and are designed to encourage parents to devote attention to child health” (s. 381.0056 (1), *F.S.*). Health services are made available to students and provided by a school healthcare team led, in most instances, by a registered nurse. The registered nurse is responsible for the onsite management of illness or injury pending the student’s return to the classroom or release to parent, guardian, or designated individual or healthcare provider. The school nurse is responsible for the development of the student’s individualized healthcare plan (IHCP) (see Appendix A, Glossary, for definitions of school nurse and IHCP as used in this document). Although the School Health Services Act addresses the need to plan for, and respond to, any healthcare problem that needs management in the school setting, these guidelines were developed specifically to address the management of students with asthma.

According to the “Guidelines for the Diagnosis and Management of Asthma,” published by the National Heart, Lung, and Blood Institute’s (NHLBI) National Asthma Education and Prevention Program (NAEPP, 1997), appropriate asthma care in all settings is necessary for the student’s long-term well-being. Appropriate asthma care will prevent most school absences and emergency room visits, and therefore, will promote optimal academic performance.

The “American School Health Association Resolution” (1995) acknowledged the magnitude of asthma in children and the subsequent impact of this problem in the school setting. This resolution recommended that “all school boards and local health departments should adopt policies for management of asthma which will encourage the active participation of students in self management of their condition, and consistent, active participation in school activities.” Results from the “2003 National Health Interview Survey” (National Center for Health Statistics, 2005) indicate that 6 percent of children under the age of 18 have had an asthma attack in the past 12 months. The “Florida Annual School Health Services Report” indicates that 5.53 percent of Florida school students were identified as having asthma during the 2003-2004 school year (Florida Annual School Health Services Report, 2004).

While school enrollments and the need for health services in schools are steadily growing, the supply of school nurses remains static, or in some cases, is decreasing. During the 2003–2004 school year, the county health departments and local school districts reported that the average registered school nurse-to-student ratio was 1 to

2,898. With this disproportionate ratio, school nurses are unable to provide individual attention to all students. To meet the special needs of the students with asthma, UAP must be involved (see Appendix A, Glossary). It is imperative that these UAP have both general and student-specific training, in accordance with s. 1006.062, *F.S.*, the administration of medication, and the provision of medical services by district school board personnel.

Asthma

Among chronic illnesses, asthma is the leading cause of school absences. Nine million children under the age of 18 are diagnosed with asthma. Nationally, it is the number one cause of child and adolescent emergency room admissions. According to the NHLBI guidelines (1997), appropriate medications, environmental controls, and early response to asthma symptoms have a significant effect on the management of asthma. It also defines asthma as a “chronic inflammatory disorder of the airways in which many cells and cellular elements play a role, in particular, mast cells, eosinophils, T lymphocytes, neutrophils, and epithelial cells.” This inflammation, in susceptible individuals, causes recurrent episodes of wheezing, breathlessness, chest tightness, and cough, particularly at night and in the early morning. These episodes are usually associated with variable airflow obstruction, which is often reversible either spontaneously or with treatment. The inflammation also causes an associated increase in the existing bronchial hyper-responsiveness to a variety of stimuli. There are four classifications of asthma severity, as defined without the use of preventive medication:

- **Mild intermittent** describes children who have symptoms no more than twice a week with no symptoms and normal airflow between exacerbations. They have nighttime symptoms no more than twice a month. Exacerbations are brief and vary in intensity.
- **Mild persistent** describes children who have symptoms more than twice a week but less than daily. Exacerbations may affect their activity tolerance. They have nighttime symptoms more than twice a month, but less than two times a week.
- **Moderate persistent** describes children who have daily symptoms requiring daily use of an inhaled bronchodilator. They have exacerbations at least two times a week, which may last days and may affect activity tolerance. They have nighttime symptoms more than once a week.
- **Severe persistent** describes a child with continual symptoms, limited activity tolerance, frequent exacerbations, and frequent nighttime symptoms.

There is no cure for asthma. The daily use of medications for children with persistent asthma, and prompt evaluation and treatment of asthma exacerbations will allow a student to feel well and function at a normal level of activity.

The “Pocket Guide for Asthma Management and Prevention in Children—Global Strategy for Asthma Management and Prevention” (National Institutes for Health (NIH) publication No. 02-3659, 2002) describes the risk factors for asthma as host and environmental factors. Host factors (genetic predisposition, gender, and race)

predispose individuals to, or protect them from, developing asthma. Environmental factors influence the susceptibility to the development of asthma in predisposed individuals, precipitate asthma exacerbations, and cause symptoms to persist. The main environmental factors are exposure to allergens, viral and bacterial infections, diet, tobacco smoke, family size, and socioeconomic status.

The IHCP, written by the school nurse, should outline student-specific signs and symptoms of asthma exacerbations, and guidelines for carrying out the medical treatment plan in the school setting (see Appendix C Asthma Medications).

Major Factors in Maintaining Health

Maintaining health for the student with asthma requires a balance of a variety of factors. Some of these include exercise and sports, prompt management of asthma symptoms, and maintenance of an allergen-free environment. All of these factors should be considered in preparing the student's IHCP and in planning for the least restrictive environment.

Exercise and Sports

Participation in physical activity and school sports helps all students, including students with asthma, to feel healthier, improve self-esteem, and it fosters a sense of empowerment. The benefits of physical activity include cardiovascular fitness, long-term weight control, and social interaction. In addition, physical activity can help reduce susceptibility to asthma exacerbations. In general, there are no activities that students with asthma should avoid. Physical activity guidelines include:

- Avoid dehydration.
- Keep bronchodilator (inhaler) available.
- Use a beta₂ agonist (inhaled bronchodilator) before vigorous exercise if exercise is a trigger for the student.
- Warm up before intensive activities.
- Encourage rest, cool down, and consumption of liquids if the student develops cough, wheezing, or shortness of breath. If breathing does not improve with five to 10 minutes of rest, repeat the use of inhaler or use for the first time if not used before exercise. If a second dose of inhaler does not resolve respiratory distress, see student's IHCP for continued emergency follow-up directions.
- Wear an asthma identification tag or jewelry.

The school nurse should list any specific exercise or physical activity requirements or restrictions in the student's IHCP, as indicated in the medical plan of care.

Nutrition and Meal Planning

Food allergy is the only circumstance under which meal planning becomes an important component in the treatment of asthma. If the parent or physician reports a specific food allergy, the school nurse should list any specific restriction in the student's IHCP. Steps should be taken to assure that the student is not exposed to that food. The meal plan should reflect consideration of the developmental needs of the student, as well as food preferences, cultural influences, and family eating patterns.

School Environment: Creating an Asthma-Friendly Environment

Substances in the environment can act as triggers for a student's asthma. It is important that school staff be aware of these substances and work to minimize them in the school. Actions that can reduce indoor allergens include:

- Improve housekeeping with better dust removal by using vacuum cleaners with HEPA filters, wet-wiping and vacuuming high surfaces and furniture, and cleaning carpets more often (consider replacing carpet with tile or linoleum where possible).
- Institute good humidity and moisture control measures by raising the internal temperature of the building to 72° to 78° Fahrenheit. Routinely inspect for, and repair, bulk moisture problems, and maintain relative humidity within the recommended levels to avoid mold.
- Institute preventive maintenance procedures for the building by routinely inspecting, cleaning, and repairing each air handler.
- Institute integrated pest management policies in every school to control cockroaches and rodents.
- Ensure that unnecessary odors, allergens, irritants, or pollutants are not added to the school air by avoiding air fresheners, ozone generators, furred or feathered animals, indoor plants in classrooms, and outdoor plants known to be allergens.
- Eliminate secondhand smoke exposure (and primary tobacco smoke use).
- Use hypoallergenic air filters for mold and pollen control.
- Minimize the use of portables for classrooms.

Medications

Quick-Relief Medications. Judicious use of quick-relief medications and inhaled bronchodilators is an important component in asthma management. The healthcare provider will prescribe a medication and the means of administration specific to the needs of the student. The healthcare provider will also indicate the frequency with which that medication may be given, and whether the student has the skills to self-administer. Albuterol via metered dose inhalers (MDI) is as useful as nebulizer therapy, if it is given through a valved holding chamber and in adequate amounts. If initial therapy with two puffs is not effective in relieving the attack, as many as six additional puffs can be given as directed in the student's IHCP. Devices available to deliver inhaled medication include MDI, breath-actuated MDI, dry powder inhalers (DPI), and nebulizers. Inhaled medications are preferred because high concentrations of low doses of drug are delivered directly to airways providing potent therapy with few side effects (see Appendix D Medication Administration).

The school nurse should list the type of medication and means of administration, as well as emergency management, in the student's individualized healthcare plan. Section 1002.20 (3)(h), *F.S.*, provides the authority for students with asthma to carry a MDI in the school setting, if parents provide written permission and a physician's order.

Oral Asthma Medications. In some cases, the healthcare provider will prescribe an oral form of bronchodilator. The school nurse should list the type of medication and means of administration in the student's IHCP.

Long-Term Control Medications for Asthma. Students with persistent asthma require a long-term control medication to prevent daily asthma symptoms and to enable

them to pursue normal activities. These medications are to be administered once to twice daily and are generally given at home. On occasion, the school may be asked to administer these medications. Control medications may be in pill, MDI, or DPI form (see Appendix C Asthma Medications).

Legal Aspects to Consider

The Nurse Practice Act, Chapter 464, *F.S.*, regulates the practice of nurses in Florida. In s. 464.003 (3)(a), *F.S.*, the “practice of professional nursing” is defined as:

[T]he performance of those acts requiring substantial specialized knowledge, judgment, and nursing skill based upon applied principles of psychological, biological, physical, and social sciences which shall include, but not be limited to:

1. The observation, assessment, nursing diagnosis, planning, intervention, and evaluation of care; health teaching and counseling of the ill, injured, or infirm; and the promotion of wellness, maintenance of health, and prevention of illness of others.
2. The administration of medications and treatments as prescribed or authorized by a duly licensed practitioner authorized by the laws of this state to prescribe such medications and treatments.
3. The supervision and teaching of other personnel in the theory and the performance of any of the above acts.

Further clarification of the nurse’s role in delegation and supervision is provided in Chapter 64B9-14.001-.003, *Florida Administrative Code (F.A.C.)*. This rule describes the “Delegation of Tasks or Activities” (Chapter 64B9-14.002, *F.A.C.*), and the “Delegation of Tasks Prohibited” (Chapter 64B9-14.003, *F.A.C.*). Section 1006.062, *F.S.*, is the Florida law governing the administration of medication and provision of medical services in the school setting.

Federal laws may apply to children with asthma. Copies of these federal laws and regulations may be obtained at the following Internet sites:

- Section 504 of Rehabilitation Act of 1973
<http://www.hhs.gov/ocr/504part84.html>
- Chapter 794, *U.S.C.*, Nondiscrimination under federal grants and programs
<http://users.aristotle.net/~hantley/hiedlegl/statutes/29usc794.htm>
- Title II of Americans with Disabilities Act of 1990
<http://www.dol.gov/esa/regs/statutes/ofccp/ada.htm>
- Individuals With Disabilities Education Act of 1997
<http://www.ed.gov/offices/OSERS/Policy/IDEA/regs.html>
- Individuals with Disabilities Education Improvement Act of 2004
<http://thomas.loc.gov/cgi-bin/query/z?c108:h.r.1350.enr:>
- 34 *C.F.R.*, Part 300.7, Child with a disability
[http://framework.esc18.net/documents/34CFR300/0_100/300.007\(a\).htm](http://framework.esc18.net/documents/34CFR300/0_100/300.007(a).htm)

The school district determines whether the student with asthma is covered by Section 504 (Rehabilitation Act of 1973), Title II of the Americans with Disabilities Act (ADA), or

Individuals with Disabilities Education Act (IDEA). If it is determined that the student is covered under s. 504, the school district develops a “Section 504 Plan” to document the related aids and services the school district will provide. If it is determined that the student is covered under IDEA, the school district documents the related aids and services needed in the student’s individualized education plan (IEP). The IHCP developed by the school nurse should be attached to either plan to document clearly the healthcare services the student needs and should receive.

Note: IDEA was reauthorized, revised, and renamed in 2004. The Individuals with Disabilities Education Improvement Act of 2004 (IDEIA 2004) becomes effective July 1, 2005.

Criteria for Safe Delegation

The safety of the student is the primary consideration in the delivery of all health-related services provided in the school. In view of the newly mandated training for all healthcare providers regarding prevention of medical errors and the reported high incidence of medication errors even among licensed healthcare workers, the Florida Department of Health School Health Program recommends that special care be taken when delegating asthma-related tasks to an UAP. The school nurse is responsible for training and monitoring the individual designated to perform these services (s.1006.062, *F.S.*).

Unsafe Delegation

In keeping with the Nurse Practice Act (Chapter 464, *F.S.*), the delegation rule (64B9-14 *F.A.C.*), and position statements from the National Association of School Nurses, delegating asthma-related tasks to UAP in the following circumstances would be considered unsafe, and should not be done:

- When students are newly diagnosed with moderate to severe asthma, and the IHCP has not been written or approved.
- When the student is medically fragile with health complications or multiple health problems that require nursing assessments before performing any authorized task.
- When the student has a history of non-compliance with treatment plans, or with following local guidelines and safety precautions.
- When the student who has been authorized to function independently by the healthcare provider, but cannot consistently demonstrate competence in asthma-related tasks in the school setting. These students must be referred back to the healthcare provider for further evaluation and training before delegating their care to an UAP.
- When the UAP has not been trained, or the UAP has not demonstrated competence in the assigned activity/task.

Safe Delegation

The school nurse should use professional judgment and consider the following criteria to determine safe and appropriate delegation of asthma-related healthcare services for the student who needs assistance with some or all of the asthma-related services:

- An IHCP written by the school nurse and approved by the parent/guardian should be in place. A copy of the IHCP should be sent to the healthcare provider.
- The school nurse has received specific written orders related to frequency of administration of bronchodilators and any emergency orders.
- The school nurse has arranged to be available for supervision, monitoring, and consultation in an emergency.

- The delegated UAP has completed initial in-depth asthma-related training and is willing to participate in ongoing related training as well as student-specific training.
- The delegated UAP has demonstrated competence in administration of the prescribed bronchodilator.
- The delegated UAP has demonstrated competence in recognizing the signs and symptoms of an asthma exacerbation, and in responding with the student-specific interventions including, if necessary, the administration of inhaled or oral bronchodilators.
- The delegated UAP has demonstrated competence in determining the efficacy of bronchodilators in relieving respiratory distress.
- The delegated UAP has a history of only providing services that are within the range of knowledge, skills, and abilities for the position.
- The delegated UAP is certified in cardiopulmonary resuscitation (CPR) and first aid (strongly recommended).
- The parents/guardians have provided the school and/or school nurse with the necessary equipment and supplies to administer asthma medication.
- The parents/guardians have provided the school and/or school nurse with the required asthma history information, authorization forms, and emergency information specific to the needs of the student.
- The parents/guardians have participated in a minimum of one yearly planning and evaluation meeting with the school nurse and school staff, and have contributed to and approved the IHCP.
- The parents/guardians have agreed to notify the school and/or school nurse promptly when there are changes in the student's medical condition or plan of care, and provide a revised medical authorization sheet.
- The parents/guardians have agreed to encourage their child to comply with local guidelines and safety precautions.
- The parents/guardians have agreed to make a diligent effort to be available by phone to the school nurse in case of an emergency.
- Verification that the student has completed the initial asthma education series provided by the healthcare provider (strongly recommended).

In addition to the conditions listed above, the school nurse should use professional judgment and consider the following items when delegating an UAP to monitor or provide emergency assistance to a student prepared to perform some or all of the asthma-related tasks independently:

- Documentation from the healthcare provider indicating the student's level of independent functioning.
- Nursing documentation that the student has demonstrated competence in determining the need for assistance and in the use of medication administration devices according to locally designed skills checklists.
- Nursing documentation in the IHCP for bronchodilator usage.
- Assurance that the student will follow the local policies and safety procedures.

The school nurse should also encourage parents of students using devices for administering asthma medication to assure that their child is competent in the use of these devices.

Finding a Solution and Providing Safe Care

Situations may occur in which existing school health staff are unavailable or have conflicting responsibilities that would interfere with their ability to devote appropriate time and attention to the student with asthma. In those situations, some alternative solutions that the school nurse, the local school district, and county health department may consider are:

- Find and train another person from existing school staff to be delegated as an UAP.
- Seek a licensed provider or volunteer from among community partners.
- Allow parents, on request, to enroll the student permanently or temporarily in a school where a licensed care provider is available.
- Allow parents to have the child assigned to a school close to their workplace so they may more conveniently provide the services for their child.
- Temporarily change staffing patterns to put a registered nurse (RN) or licensed practical nurse (LPN) in the school until the student and/or UAPs demonstrate competence.
- Suggest having the parent/guardian provide necessary care or provide a relative or friend who can meet the competency requirements to do the care until a school-based solution can be found.
- Explore any other locally designed solution that protects the health and safety of the child and promotes the child's ability to attend school in the least restrictive environment.

Please note: When any parent/guardian selects an outside individual, such as a relative or friend to provide the services to the student in the school setting, it is recommended that the outside provider should also meet the requirements listed above for the UAP. However, the parent/guardian retains the responsibility for the performance of the outside provider.

Healthcare Planning and Implementation Meeting

At the beginning of each school year and at other times during the school year, for newly diagnosed students needing an IHCP, the school nurse should organize and facilitate a planning and implementation meeting to develop the IHCP. When possible, it is best to conduct this meeting before the child starts school. The four major purposes of the planning and implementation meeting are to:

1. Coordinate the development of the IHCP by the school nurse. The parent/guardian, school nurse, and the student, if appropriate, should identify the student's needs, confidentiality issues, and discuss the components of the IHCP.
2. Provide input to key school staff regarding any health-related accommodations required by 29 *U.S.C.* § 794 (s. 504) or IDEA legislation.
3. Plan for any student-specific training that the school nurse must provide or arrange to have provided for any school-based personnel who are delegated or assigned roles and responsibilities in the plan. No individual should be forced to take on this role against his/her will.
4. Obtain parent/guardian, and if appropriate, student consent and sign off on the IHCP.

The meeting participants should include anyone who may have a role in the student's asthma care, such as:

- Family and the student
- Principal or designee
- School nurse
- Current teacher(s)
- Past year teacher(s)
- Food service manager
- Counselor or social worker
- Individuals expected to respond to a school health emergency
- Children's Medical Services (CMS) nurse and/or other representative of the student's healthcare team
- Bus drivers and bus attendants
- Designated unlicensed assistive personnel

The agenda topics should include:

- The length of time the student has been diagnosed and treated for asthma.
- Student's current health status and how asthma is managed in the home.
- The current medical management plans for assessment of respiratory status and medication administration.
- Any special requirements or restrictions relating to nutrition or exercise.
- The student's level of knowledge and skills related to the management of asthma.

- Student-specific signs and symptoms of an asthma exacerbation.
- A plan for responding to an emergency related to asthma.
- Accessibility of the plan for the student's care in the event of a disaster.
- Expectations of the parent/guardian regarding the provision of health services to be provided by the school-based staff.
- Expectations of the school staff regarding what equipment and health services must be provided by the parent/guardian.
- A discussion involving all relevant factors in the selection of school-based staff willing and able to take on the responsibility of safely providing the health- and asthma-related services.
- How and when healthcare personnel will train the designated UAP and other members of the school-based staff.
- Student's status under IDEA or 29 *U.S.C.* § 794 (s. 504):
 - When a condition interferes with the educational experience, it is considered a disability. According to Schwab and Gelfman (2001), asthma is such a condition. The required accommodations should be provided within the student's usual school setting with as little disruption to the student's routine, and the routine at the school, as possible.
 - Some of the accommodations might include:
 - Facilitating the student's participation in extra-curricular activities including sports and field trips.
 - Allowing absences for medical visits without penalty and arranging for the opportunity to make up missed schoolwork.
 - Providing assistance with responding to respiratory distress whenever and wherever it is necessary to meet the medical plan of care.

Components of the Individualized Healthcare Plan (IHCP)

The school nurse will write on the history and information sheets the IHCP based on the information obtained in the planning and implementation meeting and the information provided by the healthcare practitioner. The plan of care should comply with local policies and procedures and be formatted according to local standards. For repetitive activities, flow sheets may be devised to aid in documentation. It is strongly recommended that all care plans for the student with asthma include the following components:

- Student-specific demographic information.
- A current photo of the student, whenever possible.
- Student-specific information regarding how to respond in an emergency and how to contact the parent/guardian and healthcare provider.
- List of any known allergies, including food or insect allergies, and any previous episodes of anaphylaxis.
- Assessment of the student's developmental level and compliance/adherence history.
- Nursing assessment and nursing diagnosis.
- Desired goals and outcomes for health and education.
- Specific nursing interventions related to respiratory distress associated with an asthma exacerbation.
- Student-specific signs and symptoms of respiratory distress and the protocol to follow.
- The anticipated level of independent functioning, as identified by the student's healthcare provider.
- Specific information regarding any delegated nursing interventions (include the specific designated UAP trained and authorized to provide the services).
- Specific information regarding all medications as ordered by the healthcare provider, including doses and routes of administration.
- Specific information regarding the student's physical activities including any limitations.
- Information on any special accommodations that must be made for field trips or extra-curricular activities.
- A schedule for review and updating the IHCP.

Roles and Responsibilities

The well-being of a student with asthma involves a collaborative relationship among the healthcare provider, the school, and the home. The student's family and the healthcare team are responsible for the medical management and should contribute information for the IHCP. The school should be responsible for assuring that the services needed to implement the plan of care are provided by persons who are specifically trained to provide these services, and in the least restrictive environment, while preserving the safety of the student.

The school district and its administrator should be familiar with the school issues and responsibilities associated with students with asthma, and assure consistent care through district-wide policies. Several national health and educational organizations have jointly issued guidance regarding students with chronic diseases. A copy of this guidance is provided in Appendix I, "Students with Chronic Illnesses: Guidance for Families, Schools, and Students."

Principal

The principal should set the example for the rest of the school-based staff to create a safe environment for the student with asthma. The principal or the administrative designee should participate in Level I: Asthma Awareness Education (see page 18). In some cases, the principal or the administrative designee may choose to complete "Level II: Student-Specific Asthma Education" and "Level III (see page 19): Student-Specific Asthma Education for Direct Care Providers," to be available to function in an emergency when the designated and trained UAP is unavailable (see page 19). The principal should:

- Provide leadership for all school-based personnel to ensure that all health policies related to asthma management at school are current and implemented.
- At a minimum, participate in "Level I: Asthma Awareness Education" and require all school-based personnel to participate in this in-service education.
- Be aware of the federal and state laws governing the educational requirements for students with asthma.
- Collaborate with the school nurse in selecting and designating UAPs to provide the student-specific services required for each student with asthma in their school.
- Require that each designated UAP complete the necessary general and student-specific training, and meet the locally designed competency requirements.
- Facilitate problem solving and negotiations among members of the school team and the student's family.
- Provide physical resources on campus to execute safely all accommodations and activities noted in the IHCP.
- Respect the student's confidentiality and right to privacy.

School Nurse

The school nurse functions under the scope of practice defined by Florida's Nurse Practice Act. The school nurse may be the only full- or part-time licensed healthcare professional in the school setting. When assigned to multiple schools, the nurse should recognize the need to set students with asthma as a high priority whenever part or all of their care is delegated to an UAP. To ensure the safety of the students, the school nurse should:

- Obtain and maintain a current knowledge base and update skills and abilities related to the medical management of asthma in the school-age population. This includes knowledge relating to the current standard of care prevalent in the community.
- Organize and facilitate meetings with the student's parent/guardian and other key school staff to discuss planning and implementation of the student's IHCP.
- Perform a nursing assessment on the student based on a home or school-health room visit to obtain health and psychosocial information (see Appendix E Checklists and Forms).
- Develop an IHCP in cooperation with the student, the parents/guardians, the healthcare provider, and other school-based staff.
- Regularly review and update the IHCP whenever there is a change in medical management or the student's response to care.
- If necessary, encourage the parents to request the healthcare provider re-evaluate the student's competency level to enhance the student's independence further, or if necessary, require closer supervision until the student's knowledge and skills improve.
- Collaborate with the principal to select and delegate the most appropriate UAP for each student.
- Train and supervise the UAP designated to perform procedures for the student with asthma. It is recommended that two or more back-up persons be trained in each school to ensure adequate coverage in an emergency.
- Provide or arrange for child-specific training of all school-based personnel who will have direct contact with the student on how to respond in an emergency.
- Maintain appropriate documentation of the training and care provided, and monitor the documentation of services provided by the UAP.
- Act as a resource to the principal and other school-based personnel, providing or arranging for in-service education appropriate to their level of involvement with the student with asthma.
- Establish an asthma resource file of pamphlets, brochures, and other publications for use by school personnel.
- Establish and maintain a working relationship with the students' parent/guardians and healthcare provider and act as a liaison between the students' authorized healthcare provider and the school.
- Participate in IEP or 29 U.S.C. § 794 (s. 504) meetings and provide relevant health information.
- Serve as the student's advocate.

- Respect the student’s confidentiality and right to privacy.
- Establish a process for on-going and emergency communication with the:
 - Parent/guardian (this should include a parental notification procedure to address repair or replacement of equipment and replenishing supplies and medications).
 - Authorized healthcare provider.
 - Designated UAP.
 - School staff that come into direct contact with the student.

School Health Aide

In schools where a full-time school health aide is assigned, that individual may be the person designated to provide the services for the student with asthma. The school health aide may be required to administer medication to multiple students at the same time that students with asthma also require monitoring, medication administration, or services outside the health room. It may be necessary for the school nurse to train other non-medical school staff specifically to assist with students that have asthma. School health aides should participate in “Level I: Asthma Awareness Education.” The school health aide delegated to provide direct care for students with asthma will also need “Level II: Student-Specific Asthma Education,” “Level III: Student-Specific Asthma Education for Direct Care Providers,” and will need to meet all the requirements listed under “The Criteria for Safe Delegation” (see pages 8–9).

Teachers/Coaches and Before and After-School Program Staff

To the extent possible, teachers and coaches should provide a supportive learning environment and treat the student with asthma the same as any other student while at the same time making the required accommodations. Not all teachers or coaches in a school will have direct contact with the student who has asthma. If no direct contact is anticipated, the teacher or coach will just need to attend the “Level I: Asthma Awareness Education.” Teachers, coaches, and before and after school staff who will have direct contact with the student should:

- Be aware of which students have asthma and cooperate with the accommodations listed in the IHCP or 29 *U.S.C.* § 794 (s. 504) Plan.
- Attend the “Level II: Student-Specific Asthma Education” and be able to recognize the signs and symptoms associated with an asthma exacerbation.
- Be aware of any student-specific emergency actions that might be necessary.
- To the extent possible, provide the student with an opportunity to rest and use a bronchodilator when symptomatic in accordance with the student’s IHCP.
- Ensure bronchodilator is used and the recommended period of time elapses before engaging in physical activity as indicated in the student’s IHCP.
- Understand that accommodations may be necessary even during standardized testing periods.
- Communicate with the student’s parents/guardians when a field trip or class party might require adjustments or availability of bronchodilator.

- Leave a clear message for any substitute regarding the special needs of the student.
- Respect the student's right to confidentiality and privacy.

With the parents'/guardian's and the student's permission, the teacher or the school nurse may educate the class about the special needs of an individual with asthma, and use this as an opportunity to educate students regarding allergen avoidance, nutrition, exercise, health, and control measures and medication.

School Counselor/Social Worker

While the school counselor and/or social worker may not always have direct contact with the student, they should be aware of the students in their schools who have asthma, and the potential impact of asthma and its treatment on the student's behavior and performance. They should attend, at a minimum, the "Level I: Asthma Awareness Education," and be prepared to work with the school nurse to assure that the necessary accommodations are made to comply with state and federal laws. The school counselor or social worker may be called upon to assist the student with any expressed concerns regarding asthma, and to identify and respond to ineffective coping mechanisms demonstrated by the student or the family. The school counselor/social worker should be familiar with community resources and services available to assist the student and family.

Dietary Food Services

The food service staff should work with a dietitian to develop a plan so that the student with food allergies is not served any food containing an allergen. Foodservice staff members should attend the "Level I: Awareness Asthma Education," to facilitate their understanding of the direct link between their food service activities and the overall health and safety of these students.

Bus Drivers

The bus drivers will have contact with the student on field trips and at the beginning and end of the school day. The bus drivers should:

- Be aware of which students have asthma and be able to identify signs and symptoms of an asthma exacerbation.
- Be aware of the emergency response appropriate to each student according to his/her IHCP, which may allow that student to carry an inhaled bronchodilator.
- Be aware if the student's IHCP requires seating near the front of the bus to allow for closer observation.
- Communicate to the school nurse any concerns regarding the student's actions or behavior regarding asthma management.
- If it is local policy, provide a secure place to transport medication or equipment.
- Participate in "Level I: Asthma Awareness Education." Participate in the "Level

II: Student-Specific Asthma Education,” if students with asthma are assigned to ride their buses.

- Respect the student’s right to confidentiality and privacy.

Parents/Guardians

According to the School Health Services Act (s. 381.0056, *F.S.*), “school health services supplement, rather than replace, parental responsibility...” For their children to receive services in the safest possible manner while in school, it is important for parents and guardians to:

- Inform the school as soon as possible when a student is newly diagnosed as having asthma or when a previously diagnosed student enrolls in a new school so that planning and training of personnel can be arranged quickly. Ideally, parents should work with the school staff prior to their child’s admittance to ease the student’s transition into the school environment.
- Provide the school with accurate and current emergency contact information.
- Provide the school with the healthcare provider’s, written medical orders related to the student’s asthma management.
- Participate in a care planning conference as soon as possible after diagnosis and at the start of each school year.
- Provide the school nurses with any new written medical orders when there are changes in the medical management that must be implemented in school.
- Provide and transport to the school all medications, equipment, and supplies associated with the medical management of the student’s asthma.
- Assume responsibility for the maintenance of all medical equipment.
- Accept financial responsibility for 911 calls and transportation to the hospital, if needed.
- Sign appropriate written permission for authorization of treatment and sharing of necessary health-related information.
- Provide the student with a medical identification tag or jewelry, and encourage the student to wear it in school.
- Work with healthcare providers, their staff, and the child to promote self-sufficiency in asthma management.

Student with Asthma

To remain active and healthy, the student with asthma should learn to identify early warning signs of an asthma exacerbation. School health policy and staff will promote and support the student toward self-sufficiency and independence in following the medical management plan designed by their healthcare provider. However, the student must also assume some of the responsibility. The following, responsible actions are recommended:

- Cooperate with school personnel in implementing the asthma plan of care.

- Wear a medical identification tag or jewelry while in school. if provided by parent/guardian.
- Seek adult help immediately when symptoms of an asthma exacerbation occur and use the bronchodilator if authorized. Seek adult help immediately if a bronchodilator is not effective in relieving symptoms or shortness of breath.
- Conform to an allergy reduction/avoidance diet according to the medical plan of care.
- Complete the initial and ongoing asthma education provided by the primary healthcare provider.
- Seek authorization from the primary healthcare provider, parent, and school nurse to function independently.
- Demonstrate competence in the use of asthma monitoring and medication administration devices (see Appendix E Checklists and Forms).
- Agree to follow the local policies and safety procedures.

Healthcare Provider

The physician/healthcare provider manages the medical care of the student with asthma. The physician should provide information and guidance to the school nurse to use in developing the IHCP. The physician should be aware of the medical needs of the student and take into consideration the resources available in the school. To safeguard student health, the physician should:

- Provide the school nurse with the required asthma history information, authorization forms, and emergency information specific to the needs of the student.
- Provide specific written orders in an asthma management plan, which should include steps to ensure reliable, prompt access to medications (NAEPP Expert Panel Report Guidelines for the Diagnosis and Management of Asthma – Update on Selected Topics 2002).
- Agree to answer student-specific questions relevant to the training and education of the UAPs who are charged with monitoring and/or observing self-care students as they administer bronchodilator or assess peak flow.
- Be accessible by phone or fax to review or contribute to the IHCP and for emergency orders.
- Educate the student and the parent/guardians regarding asthma management. According to the American Academy of Pediatrics (1999), “Education should begin at the time of diagnosis and be integrated into every step of clinical care.”
- Determine the level of self-care allowed based on the student’s knowledge, developmental level, and abilities.

Recommendations for Staff Education

According to the National Asthma Education Program (2003), school staff must have an understanding of asthma, its management, and the management of the school environment to facilitate care of students with asthma. Knowledgeable school personnel can facilitate a normal lifestyle for students with asthma including reduced school absences, less disruption in the classroom, appropriate acute care, and full participation in school activities. Annual training of school personnel will be necessary to achieve this goal.

Level I: Asthma Awareness Education

This is a brief asthma in-service education program for all school-based staff. The training should include:

- An overview of issues related to asthma management in the school setting.
- An overview of the usual medical plan of care for children with asthma.
- Signs and symptoms of an asthma episode.
- Common emergency actions that may be necessary.
- Information regarding the local policies and standards adapted by their school district/county health department.
- Information found in the IHCP.

Level II: Student-Specific Asthma Education

This training is a more in-depth in-service for all school-based staff who have direct contact with a student who needs asthma care or supervision during the school day. Training should include the material from the “Level I: Asthma Awareness Education,” plus:

- Student-specific information that might be found in the IHCP.
- Student-specific emergency actions that may be necessary.
- Knowledge related to allergies and exercise that may affect the student in the classroom or other activities.
- Federal and state guidelines and the accommodations that may be required by law.
- Emotional and behavioral issues.
- Knowledge about peak flow meters (PFM), oral, and inhaled medication administration including record keeping and monitoring logs.
- Roles and responsibilities of the student, the parents, and the school-based staff.

Level III: Student-Specific Asthma Education for Direct Care Providers

This level of training is required for any UAP who will assist or monitor a student requiring asthma monitoring or medication administration during school or school activities. This education must include all the information from “Level I: Awareness

Asthma Education” and “Level II: Student-Specific Asthma Education,” plus student-specific training of any skills needed to monitor or assist with procedures. Competence-based monitoring and supervision of all skills by the school nurse must be an ongoing process (see Appendix E Checklists and Forms). The skills may include, but not be limited to, administration of inhaled medication by MDI, DPI, nebulizer, or chamber, and the use of a PFM.

Disaster Preparedness

It is most likely that, in the face of a natural disaster or emergency, all students would be sent home from school. However, in the event that environmental hazards exist that would prevent the students from leaving the school, preparations should be made to secure enough supplies for 72 hours.

Each school district and county health department should have disaster plans in place to accommodate the general population. School administrators or their designees should review those plans to ensure that any equipment unique to the needs of students with asthma is covered by those plans. If a school nurse is not available during a disaster, the UAP who has been trained to follow the students' IHCP should administer care. Every effort should be made to remove the students with asthma safely, and/or make sure that medication is available to the student.

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Appendix A



Glossary

Glossary

Accommodations: Adjustments or modifications made by teachers and other school staff members to enable students with disabilities to have access to education.

Allergens: Substances triggering an allergic reaction that may cause asthma attacks.

Allergic asthma: A type of asthma in which an allergic trigger can lead to asthma attacks and symptoms. This type of asthma is confirmed by a skin or blood test.

Asthmatic Episode: A reaction in the lungs in response to an asthma trigger in which the linings of the airways swell and produce more mucus, and the muscles lining the airways tighten making it more difficult to breath.

Asthma Medical Management Plan: Plan of medical care written by the physician in cooperation with the parent. Copy of plan is provided to the school nurse by the parent/physician and placed in the school health record. This plan is used in the development of the student Individualized Healthcare Plan (IHCP).

Asthma Trigger: Substances or situations that cause an asthma episode, or worsening of day-to-day asthma symptoms.

Broken Speech: Inability to speak a word or short sentence without taking one or more breaths between the words.

Bronchodilator: A quick-relief medication used to relieve asthma symptoms.

Chamber: See Spacer.

Compressor: A machine used to push air through a nebulizer breaking the medicine into tiny drops of mist that blow from the nebulizer to administer asthma medicine.

Delegation: The transference to a competent individual the authority to perform a selected task or activity in a selected situation by a nurse qualified by licensure and experience to perform the task or activity (Chapter 64B9-14, *F.A.C.*).

Exercise Induced Asthma (EIA): Exercise-induced asthma generally begins during exercise and reaches its peak in 5 to 10 minutes. Symptoms often spontaneously resolve in another 20 to 30 minutes after stopping. For most, exercise-induced asthma should not limit participation or success in vigorous activities.

Immunoglobulin E (IgE): A naturally occurring substance in the body that, in some people, can cause a series of chemical reactions that may lead to asthma attacks and symptoms.

Inflammation: Swelling inside the airways in response to exposure to an asthma trigger.

Dry Powder Inhaler (DPI): A device for delivering asthma medication in which the medication is delivered in a powder form.

Individual Educational Plan (IEP): The IEP is an annual plan for a student's exceptional education. It describes what skills the student has and what skills should be learned. It lists what special help a student needs to be more successful in an educational setting.

Individualized Healthcare Plan (IHCP): A nursing care plan developed by the school nurse describing the way health services will be provided to specific students in the school setting. It can be a stand-alone care plan that contains the items listed on pages 11-12, or an attachment to the Asthma Medical Management Plan, which is provided, by the physician and parent/guardian. The IHCP should specify the unlicensed assistive personnel trained and delegated to provide selected tasks, and specify where in the school setting the respiratory assessment and medication administration will take place.

Integrated Pest Management: The coordinated use of pest and environmental information with available pest control methods to prevent unacceptable levels of pest damage by the most economical means, and with the least possible hazard to people, property, and the environment.

Healthcare Provider: A licensed health professional responsible for the medical management of the student with asthma.

Long-Term Control Medications or Preventers: Medications that are taken on a daily basis to achieve and maintain control of persistent asthma.

Metered-Dose Inhaler (MDI): A device for delivering asthma medication in which the medication is delivered as a pre-measured aerosol.

Nebulizers: A compressor driven device used to deliver asthma medicine as a mist (aerosol) that can be breathed directly into the lungs where it is needed. These devices will come with a mouthpiece for inhaling the medicine, but a mask can be supplied for small children.

Nursing Care Plan: See Individualized Healthcare Plan.

Peak Flow Meter: A small, portable, hand-held device that measures airflow out of the lungs. The peak flow reading may decrease before symptoms of asthma begin.

Persistent Asthma, (moderate to severe): Includes one or more of the following: daily need for a rescue inhaler, two or more asthma attacks a week, waking up one or more nights a week with asthma symptoms, and/or a below-normal peak flow meter reading (less than 80 percent).

Quick Relief Medication: Medication used to treat symptoms and exacerbations (attacks).

School Nurse: A professional nurse, registered and licensed to practice in Florida, who is employed by the county health department, local school district, or contracted by the county health department or local school district from a community-based agency. The school nurse may be assigned to one or more schools. This nurse provides leadership and services consistent with the Nurse Practice Act (Chapter 464, *F.S.*) and the School Health Services Program (s. 381.0056, *F.S.*) Ideally, the school nurse should have a minimum of a Bachelor of Science degree, National School Nurse Certification, and experience and additional education in pediatric assessment and intervention of the school-age child.

Section 504: The Rehabilitation Act of 1973, as amended 29 U.S.C., § 794, commonly known in the schools as “Section 504,” is a federal law passed by the United States Congress with the purpose of prohibiting discrimination against disabled persons who may participate in, or receive benefits from, programs receiving federal financial assistance. In the public schools specifically, § 794 ensures that eligible, disabled students are provided educational benefits and opportunities equal to those provided to non-disabled students.

Spacer: A device used to improve delivery of aerosol medications from a metered dose inhaler. This device acts to slow the force of the medication so there is less deposited in the mouth and throat. Spacers with a valve also make the use of a metered dose inhaler easier for young students who have difficulty coordinating the steps of pressing down on the inhaler with the intake of breath. This is also referred to as a *chamber* (see Appendix D, Medication Administration).

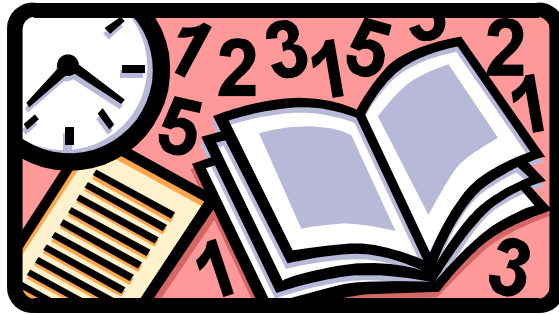
Supervision: The provision of guidance by a qualified nurse and periodic monitoring inspection by the nurse for the accomplishment of a nursing task or activity provided by unlicensed assistive personnel. The nurse must be qualified and legally entitled to perform such task or activity.

Direct supervision means the supervisor is on the premises, but not necessarily immediately, physically present where the tasks and activities are being performed.

Indirect supervision means the supervisor is not on the premises, but is accessible by two-way communication, is able to respond to an inquiry when made, and is readily available for consultation (Chapter 64B9-14, F.A.C.).

Unlicensed Assistive Personnel (UAP): Any individual who has been trained and delegated (as required under s.1006.062, F.S.) to perform health-related services for students while they are in school. The unlicensed assistive person may be any school employee including, but not limited to, teacher, secretary, bus driver, bus attendant, or aide, who meets the above listed requirements and has willingly agreed to provide the delegated services within all locally established policies and guidelines. May also be referred to as non-medical assistive personnel (NMAP) as listed in Chapter 64B9-14, F.A.C.

Appendix B



Protocols

- **School Asthma Management Protocol**
- **Peak Flow Protocol for School**

School Asthma Management Protocol¹

1. **Collect baseline Information for identified students with asthma:**
 - Complete Student Asthma Action Card.
 - Determine student's ability to self-administer quick-relief medication.
 - Determine personal best peak flow rate (if not provided by physician, and if peak flow meter is available).
2. **Alert teacher(s) to information pertinent to classroom:**
 - Triggers.
 - Severity of asthma.
 - Availability of bronchodilator.
 - Other pertinent information gathered from student/parent.
3. **Alert physical education teacher if child is reported to have exercise-induced asthma so child is encouraged to use inhaler prior to physical education class and to warm up before exertion.**
 - Physical education teacher should be aware that child should stop and rest if symptoms occur with activity.
 - Inhaler may be used a second time if respiratory difficulty occurs during activity.
 - If inhaler is not effective in relieving shortness of breath, the child should be sent to the health room for management.
4. **When student presents to health room in respiratory distress:**
 - Assess difficulty breathing (the extent of this assessment will depend upon the level of training of the school health personnel).
 - Peak flow reading compared to personal best.
 - Auscultate chest for:
 - Wheeze: expiratory/inspiratory.
 - Air movement.
 - Cough.
 - Ability to talk (broken speech).
 - Evidence of shortness of breath.
 - Respiratory rate.
 - Retractions.
 - Posture changes.
 - Exercise tolerance.
 - Color of skin.
 - Find out whether student has already taken a dose of bronchodilator.
 - When?
 - Did it help?
 - Administer bronchodilator, such as albuterol (Proventil and Ventolin), Xopenex, Atrovent.
 - Discuss potential triggers of this asthma episode.

¹ Developed by the Pediatric Pulmonary Center at the University of Florida (2003)

- Wait 10 minutes and reassess difficulty breathing:
 - If breathing is normal with no symptoms of shortness of breath (SOB), wheezing, and/or coughing, send the student back to class with instructions to return to the health room if symptoms come back.
 - If breathing is still restricted, call parents.
 - If peak flow meter is available, see instructions for additional management options.
 - If child returns to health room with breathing difficulty in less than four (4) hours, reassess and call parents unless condition is as described below indicating need to call 911. In either case, stay with the child, and if condition worsens, repeat bronchodilator and call 911 if you have not already done so.
- Nursing Guidelines: Call 911 if:
 - Peak flow is in red zone (greater than or equal to 50 percent of personal best).
 - Decreased air movement on auscultation after medication.
 - Nasal flaring.
 - Shallow rapid respirations, unable to talk.
 - Tightening of neck and chest muscles with each inhalation.
 - Absence of wheezing with severe retractions and prolonged expirations.
 - Retractions.
 - Unable to talk due to SOB.
 - Blue or gray color to lips or nail beds.
 - Mental changes such as decreased alertness, disorientation.
- Guidelines for unlicensed assistive personnel: Call 911 if:
 - Talking in broken sentences due to SOB.
 - Not mentally alert as evidenced by difficulty concentrating or appearing confused.
 - Using neck, rib, or stomach muscles to breathe.
 - Pale or blue in color around lips or fingernails.
 - Having obvious difficulty breathing.

Remember: when airways get very tight, wheezing often goes away because the child cannot breathe with enough force to cause a wheeze.

Peak Flow Protocol for School²³

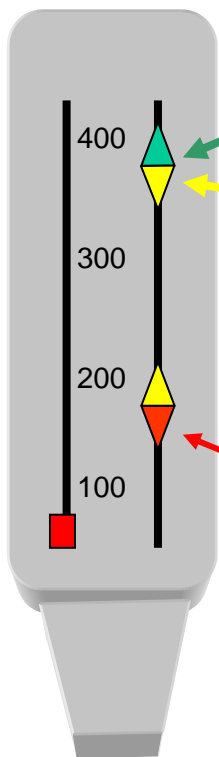
Check a peak flow when you notice any asthma symptoms such as cough, wheeze, or shortness of breath.

Steps in using a peak flow meter:

1. Make sure there is nothing in the mouth.
2. Have the student stand up.
3. Move the pointer on the peak flow meter to zero.
4. Have the student breath in deeply.
5. Put the mouthpiece on top of the tongue and close lips tightly around it (if the tongue partially blocks the mouthpiece, the reading will be inaccurately high).
6. Blow out hard and fast. (A poor effort will result in a falsely low reading).
7. Repeat these steps three (3) times.
8. Use the highest of the three (3) numbers obtained to determine if intervention is needed.

Action should be based on the students “personal best” peak flow. Parent or physician should provide this number. There should be a chart with the peak flow meter, by which you can determine a “normal” for age, gender, and height.

To determine a “personal best” at school to use in the absence of a “personal best” specified by the doctor, check a peak flow daily for two weeks to get a baseline number for this student.



Action Steps:

If the best of three (3) blows is 80 percent or more of the student’s personal best, they are in a safe or “green” zone. If symptomatic, an inhaled bronchodilator may be used and normal activity resumed.

If the best of three (3) blows is between 50-80 percent of the student’s personal best, they are in a caution or “yellow” zone. Airways are not functioning normally. Use inhaled bronchodilator, and recheck the peak flow in 15 minutes. If the number is not in the green zone and has symptoms, the parent should be notified to pick the student up from school. If the number is in the green zone, resume normal activities but recheck the peak flow in two (2) hours. The parent should be made aware of this drop in peak flow.

If the best of three (3) blows is below 50 percent of the student’s personal best, they are in a danger or “red” zone. Use an inhaled bronchodilator, and the parent should be notified to pick the student up from school. The peak flow should be rechecked in 15 minutes. If it remains in the red zone, the student should be transported by ambulance to the nearest emergency department.

The accuracy of this measurement depends on patient effort and correct technique.

**Remember --- Asthma can be fatal!!!
When in doubt, call 911**

³ Developed by the Pediatric Pulmonary Center at the University of Florida (2003)

Predicted Peak Expiratory Flow⁴

Predicted Peak Expiratory Flow: Child & Adolescent Female: aged 6-20 years⁵

Height Age ↓	Inches →	42	46	50	54	57	60	64	68	72
	6	134	164	193	223	245	268	297	327	357
	8	153	182	212	242	264	287	316	346	376
	10	171	201	231	261	283	305	335	365	395
	12	190	220	250	280	302	324	354	384	414
	14	209	239	269	298	321	343	373	403	432
	16	228	258	288	317	340	362	392	421	451
	18	247	277	306	336	358	381	411	440	470
	20	266	295	325	355	377	400	429	459	489

Predicted Peak Expiratory Flow: Child & Adolescent Male: aged 6-20 years

Height Age ↓	Inches →	44	48	52	56	60	64	68	72	76
	6	99	146	194	241	289	336	384	431	479
	8	119	166	214	261	309	356	404	451	499
	10	139	186	234	281	329	376	424	471	519
	12	159	206	254	301	349	396	444	491	539
	14	178	226	274	321	369	416	464	511	559
	16	198	246	293	341	389	436	484	531	579
	18	218	266	313	361	408	456	503	551	599
	20	238	286	333	381	428	476	523	571	618
	22	258	306	353	401	448	496	543	591	638

Note:

- The best number to use in evaluating a student's asthma is their personal best.
- The numbers listed above should only be used if a personal best is not available.

⁵ Knudson RJ, et al: changes in the normal maximal expiratory flow –volume curve with growth and aging, Am Respir Dis, June 1983, 127 (6):725-34.

Appendix C



Asthma Medications

- Quick-Relief
- Long-Term Control

Quick-Relief Asthma Medications⁷

Quick-relief asthma medications work quickly to relieve symptoms when students are coughing, wheezing, or have chest tightness. These medications should only be taken when the student is experiencing symptoms.

Anticholinergics

How do they work?

- Anticholinergics work by helping to keep airways open (bronchodilator).

Are there any side effects?

- Dry mouth is a side effect of anticholinergics.

What are important things to know about these medications?

- They work slowly to relieve symptoms.
- Anticholinergics should always be taken using a spacer or placing mouthpiece directly in the mouth. They can cause blurring of vision if accidentally sprayed into the eyes.

Generic name	Brand name	Dosage Form	Dose	Onset
Ipratropium Bromide	Atrovent	MDI 18mcg/puff Nebulizer: 0.20mg/mL (0.02% unit dose)	2 puffs every 6 hours as needed 1 vial every 6-8 hours	30 minutes

Oral Corticosteroids

How do they work?

- Oral corticosteroids decrease asthma symptoms that are unresponsive by decreasing inflammation and increasing response to inhaled albuterol.

Are there any side effects?

- Side effects include increased appetite, weight gain, acne, nervousness/restlessness, dizziness, and difficulty sleeping.
- May cause growth suppression and other adverse effects if taken daily for more than two (2) weeks.

What are important things to know about these medications?

- These medications are used when asthma is not responding completely to the inhaled albuterol, and are only given as a short burst for 3-10 days.

⁴ Written by Leslie Hendeles, Pharm.D. and Christine Hansen, Pharm.D. students at the University of Florida (2003)
Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools

Generic name	Brand name	Dosage Form	Dose	Onset
Dexamethasone	Decadron	Oral suspension injectable	See product information	See product information
Generic name	Brand name	Dosage Form	Dose	Onset
Methylprednisolone	Medrol	Tablet: 2, 4, 6, 8, 16, 32 mg	1-2mg/kg/day Divided bid	4 hrs
Prednisolone	Orapred Pediapred Prelone	Tablet: 5mg Liquid 15mg/5ml; 5mg/5ml	1-2mg/kg/day Divided bid	4 hrs
Prednisone	Deltasone Intensol	Tablet: 1, 2.5, 5, 10, 20, 25mg Liquid: 5mg/mL	1-2mg/kg/day Divided bid	4 hrs

Short-acting, inhaled Beta₂-agonists

How do they work?

- Beta₂-agonists work by helping to open airways quickly and keep them open.

Are there any side effects?

- Side effects are fast heartbeat, nervousness, headache, muscle “jitters.”

What are important things to know about this medication?

- They should be used in addition to a long-term control medicine (usually taken at home) for children with chronic asthma.
- These medications can be used before exercise to prevent symptoms if the student always has symptoms during exercise.
- Proper technique is critical.
- During an emergency use of a spacer is recommended for MDI.
- For severe attacks, physicians may suggest using two to four times the usual dose.

Generic name	Brand name	Dosage Form	Dose	Onset
Albuterol	Proventil- HFA	Nebulizer 2.5mg/3mL; 0.083% (unit dose)	2.5mg (one unit dose)	Rapid
	Ventolin- HFA	MDI: 90mcg/puff	2 puffs, 15 minutes before exercise 2-4 puffs q 4-6 hours as needed	
Bitolterol	Tornalate	MDI: 370mcg/puff	2 puffs as needed	Rapid

Levalbuterol	Xopenex	Nebulizer: 0.63mg/3mL; 1.25mg/3mL	1.25mg	Rapid
Pirbuterol	Maxair Autohaler	MDI: 200mcg/puff	2-4 puffs q 4-6 hours as needed	Rapid

Long-Term Control Medications⁸

Long-term control medications are used on a daily basis to prevent symptoms. They are typically referred to as Preventers (controllers) and are used even when the child is symptom-free. They are usually given one to two times a day at home.

Cromolyn Sodium/ Nedocromil Sodium

How do they work?

- They prevent the release of chemicals that can cause closing of the airways.

Are there any side effects?

- None, however, 10 percent of people complain of poor taste with Nedocromil.

What are important things to know about these medications?

- Medications are used only to maintain control and to prevent exacerbations from occurring. They **SHOULD NOT** be used to treat students when they are having an asthma attack. In that instance, a quick-acting medicine is needed.

Generic name	Brand name	Dosage Form	Dose	Onset
Cromolyn sodium	Intal	MDI: 1mg/puff Neb: 20mg/2ml amp	1-2 puffs 3-4 times a day 1 ampule 3-4 times a day	2-6 weeks
Nedocromil sodium	Tilade	MDI: 1.75mg/puff	1-2 puffs 2-4 times a day	

Inhaled Corticosteroids

How do they work?

- Corticosteroids prevent asthma symptoms by decreasing inflammation in the lungs (swelling and redness).

Are there any side effects?

- These medications can cause a temporary slowing of growth. They rarely cause thrush, which is an overgrowth of fungus in the mouth. This can be prevented by rinsing the mouth and spitting the water out after each use.

⁸Written by Leslie Hendeles, Pharm.D. and Christine Hansen, Pharm.D. students at the University of Florida (2003)
Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools

What are important things to know about this medication?

- These medications are used only to maintain control and prevent asthma attacks. They should be taken everyday exactly as the doctor ordered whether student thinks he/she needs them or not. They SHOULD NOT be used to treat students when they are having an asthma attack. In that instance, a quick-relief medicine is needed.

Generic name	Brand name	Dosage Form *	Dose	Onset
Beclomethasone dipropionate	Qvar	MDI: 40mcg/puff 80 mcg/puff	2-16 puffs/day 1-8 puffs/day doses divided bid	1-4 weeks
Budesonide	Pulmicort Turbuhaler Respules	DPI: 200mcg/puff Neb: 0.25mg/vial 0.5mg/vial	1-2 puffs bid 0.25mg once to twice a day 0.5 once to twice a day	2-8 days
Flunisolide	AeroBid AeroBid- M	MDI: 250mcg/puff	2-5 puffs/day	
Fluticasone propionate	Flovent	MDI: 44mcg/puff 110mcg/puff 220mcg/puff	2-4 puffs/day 2-4 puffs/day 2 puffs/day	1- 4 days
Triamcinolone	Azmacort	MDI: 100mcg/puff	4-12 puffs/day	
Fluticasone/ Salmeterol	Advair	DPI: 100mcg/50mcg 250mcg/50mcg 500mcg/50mcg	1 puff twice a day	

*MDI - Metered Dose inhaler

*DPI - Dry Powder Inhaler

Leukotriene Modifiers

How do they work?

- Leukotriene modifiers block chemicals in the body that make airways smaller (constrict).

Are there any side effects?

- See chart below.

What are important things to know about this medication?

- These medications are used only to maintain control and to prevent exacerbations from occurring. They SHOULD NOT be used to treat students when they are having an asthma attack. In that instance, a quick-acting medicine is needed.

Generic name	Brand name	Dosage Form	Dose	Side effects
Montelukast	Singulair	2-5 yrs old = 4 mg 6-14 yrs old = 5 mg >14 yrs old = 10 mg	1 tablet at bedtime	Rare
Generic name	Brand name	Dosage Form	Dose	Side effects
Zafirlukast	Accolate	Tablet 7-11 yrs old=10 mg >12 yrs old = 20 mg	1 tablet twice a day 1 hour before or 2 hours after meals	Rare effects on liver and interactions with some other drugs

Long-Acting Bronchodilators

How do they work?

- They relax the muscle around the airways that keeps them open.

Are there any side effects?

- Side effects are occasional headache or fast heart beat.

What are important things to know about this medication?

- These medications are used only to maintain control and to prevent exacerbations from occurring. They SHOULD NOT be used to treat students when they are having an asthma attack. In that instance, a quick-acting medicine is needed.

Generic name	Brand name	Dosage Form	Dose	Onset
Salmeterol	Serevent Diskus	DPI: 50mcg/blister	1 blister twice a day	30 min
Formoterol	Foradil	DPI: 12mcg/capsule	1 capsule every 12 hours	5 min
Sustained Release Albuterol	Volmax, Proventil Repetabs	Tablet: 4mg	6-12 yr old 4mg twice a day >12 yr old 8mg twice a day	2-3 hours

Methylxanthines

How do they work?

- These work by helping to keep airways open and to decrease inflammation, redness, and swelling.

Are there any side effects?

- Side effects are nausea, vomiting, nervousness, headache, and seizures with overdose.

What are important things to know about these medications?

- Medication is used only to maintain control and to prevent exacerbations from occurring. They **SHOULD NOT** be used to treat students when they are having an asthma attack. In that instance, a quick-relief medicine is needed.
- Requires a special blood test that measures how much medicine is in the body.

Generic name	Brand name	Dosage Form	Dose	Onset
Theophylline	Uniphyll, Theo-24, and generics	Capsules, tablets	10mg/kg/day Theo 24:2 hours before meals	24 hours

Immunoglobulin E blocker (IgE blocker)

How do they work?

- Xolair acts early in the allergic-inflammatory process in people with allergic asthma by helping to block IgE from causing the reactions that can lead to asthma attacks and symptoms.

Are there any side effects?

- Possible side effects are local pain and redness at injection site.

What are important things to know about these medications?

- Used for children age 12 or older with documented allergies, elevated IgE, and whose asthma cannot be controlled with other long-term medications.
- Not effective against acute bronchospasm and does not, therefore, replace the need for inhaled bronchodilators.
- Used for children age 12 and older with moderate to severe persistent asthma.
- Used with the diagnosis of allergic asthma.
- May continue to have asthma symptoms, even with taking inhaled steroids.

Generic name	Brand name	Dosage Form	Dose
Omalizumab	Xolair	Injection at physician's office	1-2x's per month based on weight and IgE level

Appendix D



Medication Administration

- **Chambers with Masks for Use with Metered Dose Inhalers**
- **Compressors and Nebulizers**
- **Metered Dose Inhalers**
- **Valved Chambers for Use with Metered-Dose Inhalers**

Chambers With Masks for Use With Metered-Dose Inhalers (MDI)⁹

This is a plastic holding device, which is used to give medication from a metered-dose inhaler (MDI) in young children who cannot coordinate their breathing well enough to use an MDI alone. AeroChamber[®] with Soft Mask Plus is an example of a chamber with a mask.

Steps for using a chamber with mask

1. Shake the MDI.
2. Attach the MDI to the chamber as shown in the picture.
3. Place the mask firmly over the child's mouth and nose.
4. Press down on the MDI canister to put one puff of the medication into the chamber. Never give more than one puff at a time.
5. Hold the mask in place until the child has taken five (5) breaths.
6. Repeat steps 1-5 until the prescribed number of puffs have been given.



Hints

- If the child struggles when using this device, try to keep the mask in place. Most children will get used to it. The child will get some medication into their lungs even if they cry.
- If the child cries while the mask is in place, you will need to hold the mask in place for a few extra breaths.
- If you are giving inhaled steroids through the mask, have the child rinse their mouth with water and spit it out after each use (medications like Flovent or Aerobid).

Care of the Chamber

- It should be rinsed weekly with warm soapy water and allowed to air dry. Towel drying causes static electricity, which causes medicine to stick to the inside of the chamber. (Some newer chambers are designed to be antistatic.)
- The chamber should be replaced when the valve inside the mask is cracked, hard, becomes permanently curled, the rubber opening becomes cracked or torn, the mask is damaged, or has a hole in it.
- Do not run water directly into the chamber as this may damage the valves.

⁹ Developed by the Pediatric Pulmonary Center at the University of Florida (2003)

Compressors and Nebulizers¹⁰

Compressors are the machines used to push air through the nebulizer to break the medicine into tiny drops of mist that blow from the nebulizer. They pull in air from the room through a filter that must be either cleaned or replaced regularly. Parents should provide a copy of the manufacturer's instructions and review them with the school nurse.

Nebulizers are devices used to deliver medicine as a mist (aerosol) that can be breathed directly into the lungs where it is needed. These medicines include bronchodilators such as Albuterol or inhaled steroids. These devices will come with a mouthpiece for inhaling the medicine, but a mask can be supplied for small children. A mask is much more effective than just blowing the medicine in the child's face. There are two basic types of nebulizers:

- **Disposable:** These nebulizers are meant to be thrown away after 30 uses. There are many brands of disposable nebulizers.
- **Reusable:** These nebulizers are meant to be used for six months of daily use and 12 months of less regular use before being replaced. Reusable brands of nebulizers would include the ParLC Plus®, Pari Star®, or the Invacare®.

Steps for using a nebulizer

1. Twist the top off the medicine cup, add medicine, and replace the top.
2. Attach one end of the tubing to the nebulizer cup and the other end to the compressor.
3. Hold nebulizer upright and place the mouthpiece in the mouth or mask over the mouth and nose.
4. Turn on the compressor power switch.
5. The student should breathe normally through the mouth.
6. Every minute or so, take a deep, slow breath to bring medicine farther into the lungs.
7. When the nebulizer begins to "sputter," tap the sides of the medicine cup to bring unused medicine back to the bottom.
8. When the mist stops, the treatment is complete.
9. Remove the tubing from the nebulizer.
10. Take apart the nebulizer; remove the cap, the mouthpiece, or mask, and the piece that is inside the cup.
11. Rinse each part with warm water and set on a towel to dry. **DO NOT STORE UNTIL DRY.**
12. Used equipment should be disinfected* on the day it is used. Remove, rinse, set out on a towel to dry, and cover with a second dry towel while it air dries. **NOTE:** do not wash tubing.

* Disinfection options:

- a. Soak in a solution of one part household bleach and 50 parts water for three minutes
- b. Soak in 70 percent isopropyl alcohol for five minutes
- c. Soak in 3 percent hydrogen peroxide for 30 minutes

¹⁰Developed by the Pediatric Pulmonary Center at the University of Florida (2003)

Metered-dose Inhalers (MDI)¹¹

A metered-dose inhaler (MDI) is a device that delivers a mist of medicine that can be breathed directly into the lungs. Directing medicine into the lungs is very effective. Medicines work faster and with fewer side effects when given this way.

How an MDI works

The medicine is held under pressure in a canister that fits inside a plastic device, which allows the medicine to spray out in a measured dose when the canister is pressed down in its plastic case. The MDI has to be triggered at the exact moment that a breath is started, because it comes out fast. If the timing is not just right, the medicine does not make it into the lungs.

Medicines that come in MDI's

Bronchodilators such as Albuterol, are *quick-relief* medicines that are used only to relieve symptoms of asthma such as cough, wheeze, or difficulty breathing. They should not be used unless there are symptoms of asthma present.

Inhaled steroids, such as Flovent, are *preventive* medicines that are used to prevent asthma episodes by decreasing the inflammation and swelling in the airways. They should be taken every day as directed by the physician.

Steps for Using an MDI

1. Remove the cap from the inhaler.
2. Shake the inhaler.
3. Breathe out as much air as you can.
4. Put the mouthpiece of the inhaler into your mouth (keep your tongue under the inhaler!) and close your lips tight.
5. Trigger the inhaler at the very beginning of a long, slow, deep breath. The inhaler triggers when you press the canister down into the plastic holder.
6. Hold your breath for 10 seconds or to the count of 10.
7. If you are using a bronchodilator, wait one to two minutes between puffs. (ALA recommends five minutes).
8. Repeat until you have taken the prescribed number of puffs of medicine.
9. Clean the plastic holder once a day by removing the canister from the holder and running warm water through it. Twist the canister back into place after the holder is dry.



Correct position for inhaler use



Dismantle to clean

¹¹ Developed by the Pediatric Pulmonary Center at the University of Florida (2003)
Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools

Valved Chambers for Use With Metered-Dose Inhalers¹²

A valved chamber is a plastic holding device, which is used to give medication from a metered-dose inhaler (MDI) in young children who cannot coordinate their breathing well enough to use an MDI alone. Examples are AeroChamber® or Vortex®.

Steps for using a chamber:

1. Shake the MDI.
2. Attach the MDI to the chamber as shown in the picture.
3. Place the mouthpiece in the mouth.
4. Press down on the MDI canister to put one puff of the medication into the chamber.
5. Take a long, slow breath in. Hold that breathe for a count of 10.
6. Repeat steps 1-5 until the prescribed number of puffs have been given. Never give more than one puff at a time.

Hints

- Some chambers have a whistle that sounds if the intake of breath is too rapid. If the whistle sounds, slow the intake of breath.
- You may need to hold the nose to be sure the student breathes through the mouth.
- If you are giving inhaled steroids through the chamber, have the child drink or rinse his/her mouth with water after each use (medications such as Flovent or Aerobid).

Care of the Chamber

- Rinse weekly with warm soapy water and allow to air dry. Do not towel dry because this causes static electricity, which causes medicine to stick to the inside of the chamber.
- Replace the AeroChamber® when the small clear valve inside the mask is cracked, hard or becomes permanently curled, or if the rubber opening becomes cracked or torn.
- Do not run water directly into the chamber. It may damage the valves.



¹² Developed by the Pediatric Pulmonary Center at the University of Florida (2003)

Appendix E



Checklists and Forms

- **Asthma Action Card**
- **Asthma Action Plan Nurse Assessment Tool**
- **Asthma Delegation Check List**
- **Skills Checklist**
- **Peak Flow Record**

STUDENT ASTHMA ACTION CARD¹³

NAME: _____ GRADE: _____ AGE: _____

TEACHER: _____ ROOM: _____

PARENT/GUARDIAN NAME: _____ PH: (H) _____

ADDRESS: _____ PH: (W) _____

PARENT/GUARDIAN NAME: _____ PH: (H) _____

ADDRESS: _____ PH: (W) _____

PLACE
I.D.
PHOTO
HERE

EMERGENCY PHONE CONTACT #1 _____

NAME

RELATIONSHIP

PHONE

EMERGENCY PHONE CONTACT #2 _____

NAME

RELATIONSHIP

PHONE

ASTHMA HEALTHCARE PROVIDER _____ PH: _____

OTHER HEALTHCARE PROVIDER _____ PH: _____

DAILY ASTHMA MANAGEMENT PLAN

• IDENTIFY THE THINGS THAT START AN ASTHMA EPISODE (CHECK ALL THAT APPLIES TO THE STUDENT.)

- EXERCISE STRONG ODORS OR FUMES OTHER _____
- RESPIRATORY INFECTIONS CHALK DUST
- CHANGE IN TEMPERATURE CARPETS IN THE ROOM
- ANIMALS POLLENS
- FOOD _____ MOLDS

COMMENTS _____

• CONTROL OF SCHOOL ENVIRONMENT

(LIST ANY ENVIRONMENTAL CONTROL MEASURES, PRE-MEDICATIONS, AND/OR DIETARY RESTRICTIONS THAT THE STUDENT NEEDS TO PREVENT AN ASTHMA EPISODE.)

• PEAK FLOW MONITORING

PERSONAL BEST PEAK FLOW NUMBER: _____

MONITORING TIMES: _____

• DAILY MEDICATION PLAN

	NAME	AMOUNT	WHEN TO USE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____

¹³ Adapted from NIH Publication No. 95-3651

EMERGENCY PLAN

EMERGENCY ACTION IS NECESSARY WHEN THE STUDENT HAS SYMPTOMS SUCH AS:

_____, _____, _____,
_____, OR HAS A PEAK FLOW READING OF _____.

• STEPS TO TAKE DURING AN ASTHMA EPISODE:

1. GIVE MEDICATIONS AS LISTED BELOW.
2. HAVE STUDENT RETURN TO CLASSROOM IF

3. CONTACT PARENT IF

4. SEEK EMERGENCY MEDICAL CARE IF THE STUDENT HAS ANY OF THE FOLLOWING:

NO IMPROVEMENT 15-20 MINUTES AFTER INITIAL TREATMENT WITH MEDICATION AND A RELATIVE CANNOT BE REACHED.

PEAK FLOW OF _____

HARD TIME BREATHING WITH:

CHEST AND NECK PULLED IN WITH BREATHING

CHILD IS HUNCHED OVER

CHILD IS STRUGGLING TO BREATHE

TROUBLE WALKING OR TALKING

STOPS PLAYING AND CAN'T START ACTIVITY AGAIN

LIPS OR FINGERNAILS ARE GRAY OR BLUE

• EMERGENCY ASTHMA MEDICATIONS

	NAME	AMOUNT	WHEN TO USE
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

COMMENTS / SPECIAL INSTRUCTIONS

FOR INHALED MEDICATIONS

I HAVE INSTRUCTED _____ IN THE PROPER WAY TO USE HIS/HER MEDICATIONS. IT IS MY PROFESSIONAL OPINION THAT _____ SHOULD BE ALLOWED TO CARRY AND USE THAT MEDICATION BY HIM/HERSELF.

IT IS MY PROFESSIONAL OPINION THAT _____ SHOULD NOT CARRY HIS/HER INHALED MEDICATION BY HIM/HERSELF.

HEALTHCARE PROVIDER

DATE

PARENT

DATE

	Responsible Person/site	Yes	No	N/A
Monitoring:				
• Can the student identify his/her early warning signs and symptoms that indicate onset of an asthma episode and need for quick-relief medicine?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can the student identify his/her asthma signs and symptoms that indicate the need for help or medical attention?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can the student correctly use a peak flow meter or asthma diary for tracking symptoms?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Are the students' asthma signs and symptoms monitored using a Peak Flow, verbal report or diary? ○ Daily?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ For response to quick-relief medication?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
○ During physical activity?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Trigger Awareness:				
• Have triggers been identified?		<input type="checkbox"/>	<input type="checkbox"/>	
• Can student name his/her asthma triggers?		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
• Can parent/caregivers list their child's asthma triggers?		<input type="checkbox"/>	<input type="checkbox"/>	
• Are teachers, including physical educators, aware of this student's asthma triggers?		<input type="checkbox"/>	<input type="checkbox"/>	
Trigger Avoidance:				
• Are triggers removed or adequately avoided or managed?	Home	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
	School	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

* Long-term-control medications (controllers) include inhaled corticosteroids (ICS), leukotriene receptor antagonists (LTRA), or combination medicine (long-acting B₂-agonists and ICS), cromolyn, or theophylline.

School nurses provide appropriate asthma education and health behavior intervention to students, parents, and school personnel when signs and symptoms of uncontrolled asthma and other areas of concern are identified. If there is an indication for a change in asthma medications or treatment regimen, refer the student and family to their primary care provider or asthma care specialist or help families to find such services as soon as possible.



Skills Checklist for Delegation to Unlicensed Assistive Personnel ¹⁵

County: _____ School: _____ School Year: _____

Student Name: _____ Date of Birth: _____

Person trained: _____ Position: _____

Instructor should insert the date and their initials after each procedure they demonstrate and review.

Peak Flow Meter (PFM)	Class Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Peak flow (PF) meter PF chart				
Steps 1. Writes the child's personal best on their PF log sheet 2. Follows meter-specific procedure 3. Identifies good effort 4. Writes the result on the PF log with date and time 5. Identifies need for intervention 6. Notifies personnel as appropriate 7. Confirms appropriate action per IHCP 8. Demonstrates appropriate cleaning of PFM				

Metered-Dose Inhaler (MDI)/Autohaler	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Metered-dose inhaler/autohaler				
Steps: 1. Follows procedure for use of MDI 2. Identifies and correct problems with technique 3. Assesses response to medication 4. Responds appropriately to poor response to medication 5. Demonstrates correct care of device				

Dry Powder Inhaler (DPI)	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Dry Powder Inhaler				
Steps: 1. Follows procedure for use of DPI 2. Identifies and correct problems with technique 3. Assesses response to medication 4. Responds appropriately to poor response to medication 5. Demonstrates correct care of device				

¹⁵ Adapted from sample forms developed by The School Board of Sarasota County [Florida] and the Sarasota County Health Department (2001), the Illinois Department of Human Services (April 2002), and Vermont Department of Health (1998).

Valved Chamber/Spacer	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Metered dose inhaler & chamber				
Steps: 1. Follows procedure for assembly and use of inhaler with spacer/chamber 2. Identifies and correct problems with technique 3. Assess response to medication 4. Responds appropriately to poor response to medication (if appropriate) 5. Demonstrates correct care of chamber and inhaler				

Compressor/Nebulizer	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Compressor Nebulizer cup and tubing Medication				
Steps: 1. Follows procedure for assembly of nebulizer and compressor 2. Follows procedure for administration of treatment 3. Assesses response to medication 4. Responds appropriately to poor response to medication (if appropriate) 5. Demonstrates correct care of nebulizer cup				

Epinephrine Auto-injector	Demo Date	Return Demo Date	Return Demo Date	Return Demo Date
States name and purpose of procedure				
Identifies Supplies: Medication Auto-injector or syringe				
Steps: 1. Identifies need for intervention 2. Notifies personnel as appropriate 3. Confirms appropriate action per IHCP 4. Follows procedure for administration of medication 5. Assesses response to medication 6. Responds appropriately to poor response to medication (if appropriate) 7. Demonstrates correct care of medication and syringe/injector				

Instructing School Nurse's Name

Signature/Initials

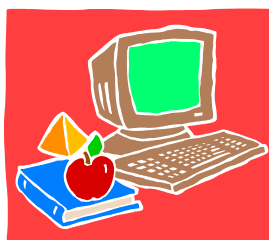
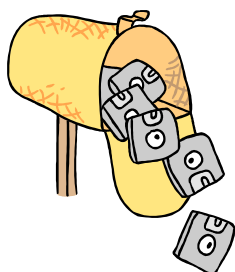
Date

Peak Flow (PF) Record¹⁶

Student Name:						Grade						DOB									
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Date																					
PF before med																					
PF after med																					
Personal Best:																					
Green Zone: Above _____																					
Yellow Zone: Between _____																					
Red Zone: Below _____																					

¹⁶ Adapted from NIH Publication No. 95-3651

Appendix F



Resources

ASTHMA RESOURCES

Asthma: General Resources

- American Academy Pediatrics (AAP) Children's Health Topics: <http://www.aap.org/healthtopics/asthma.cfm>
- American Lung Association (ALA) Home Page: <http://www.lungusa.org>
- ALA Asthma and Allergy Home Page: <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=33276>
- ALA Asthma and Children Fact Sheet: <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=44352>
- Centers for Disease Control (CDC) Asthma Page: <http://www.cdc.gov/asthma/default.htm>
- Environmental Protection Agency (EPA) Asthma Home Page: <http://www.epa.gov/asthma/>

Asthma: Links

- CDC: <http://www.cdc.gov/asthma/links.htm>
- EPA: <http://www.epa.gov/asthma/links.html>

Asthma - Miscellaneous

- Allergy, Asthma, and Immunology Online: <http://allergy.mcq.edu/>
- American Academy of Allergy, Asthma, and Immunology: <http://www.aaaai.org/patients/publicedmat/tips/childhoodasthma.stm>
- American Association of School Administrators: http://www.aasa.org/issues_and_insights/safety/asthma.htm
- CDC National Center for Environmental Health: <http://www.cdc.gov/asthma/children.htm>
- Center for Health and Healthcare in Schools: <http://www.healthinschools.org/sh/asthma.asp>
- National Lung Health Education Program: <http://www.nlhep.org/>

Asthma: Triggers

- Asthma Triggers – Molds: <http://www.epa.gov/iaq/asthma/triggers/molds.html>
- Controlling Asthma Triggers: <http://www.lungusa.org/site/pp.asp?c=dvLUK9O0E&b=35622>
- Second-Hand Smoke: <http://www.epa.gov/iaq/asthma/triggers/shs.html>

Indoor Air Quality Tools for Schools

- "Tools for Schools Bulletin," Volume 3, *Asthma and Allergy*: http://www.epa.gov/iaq/schools/images/asthma_allergy_bulletin.pdf
- Tools for Schools Fact Sheet: http://www.epa.gov/iedweb00/schools/images/iaq_tfs_factsheet.pdf
- Tools for Schools Kit: <http://www.epa.gov/iaq/schools/tools4s2.html>

Indoor Environments

- Catching Your Breath Report: <http://www.astho.org/pubs/CatchingYourBreathReport.pdf>
- Indoor Air Quality (IAQ) Home Page: <http://www.epa.gov/iaq/index.html>

Also, see References, Pages 24–27.

Appendix G



Organizations and Associations

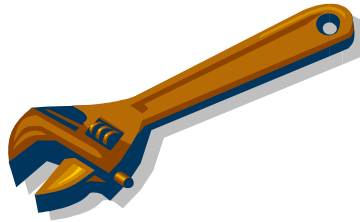
Organizations and Associations

Name	Address	Contact Information
Allergy and Asthma Network. Mothers of Asthmatics, Incorporated	Suite 150 2751 Prosperity Avenue Fairfax, VA 22031	(800) 878-4403 (703) 641-9595 www.aanma.org
American Academy of Allergy, Asthma, and Immunology	611 East Wells Street Milwaukee, WI 53202	(800) 822-2762 (414) 272-6071 http://www.aaaai.org
American Academy of Pediatrics	141 Northwest Point Boulevard Elk Grove Village, IL 60007	(800)433-9016 (847) 228-5005 http://www.aap.org
American Association for Respiratory Care	11030 Ables Lane Dallas, TX 75229-4593	(972) 243-2272 http://www.aarc.org
American College of Allergy, Asthma and Immunology	Suite 550 85 West Algonquin Road Arlington Heights, IL 60005	(800) 842-7777 (847) 427-1200 http://allergy.mcg.edu
American Lung Association (ALA)	1740 Broadway New York, NY 10019-4374	(800) LUNG-USA (800)330-5864 http://www.lungusa.org
American Lung Association of Florida (ALAF)	5526 Arlington Road Jacksonville, FL 32239	(800) 940-2933 www.lungfla.org
Asthma and Allergy Foundation of America	Suite 502 1125 15 th Street, Northwest Washington, DC 20005	(202) 466-7643 (800)7ASTHMA (800)727-8462 http://www.aafa.org
Association of State and Territorial Health Officials	Suite. 800 1275 K Street, Northwest Washington, DC 20005-4006	Phone: (202) 371-9090 Fax: (202) 371-9797 http://www.astho.org/
Centers for Disease Control and Prevention	1600 Clifton Road Atlanta, GA. 30333	(404) 639-3311 www.cdc.gov
The Environmental Council of States	Suite 445 444 North Capitol Street Northwest Washington, DC 20001	Phone: (202) 624-3660 Fax: (202) 624-3666 (fax) http://www.sso.org/ecos/
The Environmental Protection Agency	Ariel Rios Building 1200 Pennsylvania Avenue, Northwest Washington, DC 20460	(202) 272-0167 TTY (speech- and hearing- impaired) (202) 272-0165 http://www.epa.gov/iaq/schools/ asthma/ame-ame.htm

Organizations and Associations Continued

Name	Address	Contact Information
Healthy Kids: The Key To Basics	Ellie Goldberg, M.Ed. Educational Rights Specialist 79 Elmore Street Newton, MA 02159-1137	(617) 965-9637 mailto:erg_hk@juno.com
Kids on the Block	9385-C Gerwig Lane Columbia, MD 21046	(800) 368-KIDS www.kotb.com
National Association of School Nurses	Eastern Office (163 U.S. Route 1) Post Office Box 1300 Scarborough, ME 04070-1300	(877) 627-6476 (877) NASN4SN (207) 883-2117 (207) 883-2683 mailto:nasn@nasn.org
National Asthma Education and Prevention Program NHLBI Information Center	Post Office Box 30105 Bethesda, MD 0824-0105	(301) 251-1222 (301) 592-8573 http://www.nhibi.nih.gov
National Heart, Lung, and Blood Institute: National Asthma Education and Prevention Program	Post Office Box 30105 Bethesda, MD 20824-0105	Phone: (301) 592-8573 Fax: (301) 592-8563 www.nhlbi.nih.gov
National Institute of Allergy and Infectious Diseases Office of Communications and Public Liaison	MSC 6612 6610 Rockledge Drive, Bethesda, MD 20892-6612	(301) 402-1663 http://www.niaid.nih.gov
National Jewish Medical and Research Center (Lung Line)	1400 Jackson Street Denver, CO 80206	(800) 222-5864 http://www.njc.org
Pediatric Pulmonary Centers		http://mchneighborhood.ichp.edu/ppc/
U.S. Department of Education Office for Civil Rights, Customer Service Team	Mary E. Switzer Building 330 C Street, Southwest Washington, DC 20202-1328	(800) 421-3481 (202) 205-5413 http://www.ed.gov/offices/OCR
U.S. Environmental Protection Agency Indoor Environments Division	401 M Street, Southwest (6604J) Washington, DC 20460	(202) 233-9370 Indoor Air Quality Information Clearinghouse (800) 438-4318 http://www.epa.gov/iaq

Appendix H



Monitoring and Evaluation Tool

Asthma Monitoring and Evaluation Tool¹⁷

Nursing Guidelines for the Delegation of Care for Students with Asthma in Florida Schools

Item	Grade Schools	Middle Schools	High Schools
Number of inhaler-dependent students identified			
Number of inhaler-dependent students who need help or supervision in medication administration			
Number of unlicensed assistive personnel (UAP) who have completed training	Level I		
	Level II		
	Level III		
Number of times RN or LPN was required to respond due to serious asthmatic episode			
Number of times Unlicensed Assistive Personnel (UAP) was required to respond due to serious asthmatic episode			
Number of times student was discharged to parent/guardian following asthmatic episode			
Number of calls to 911 related to asthmatic emergencies			
Number of students who needed to change schools to obtain safe asthma/allergies-related services			

What aspects of "Guidelines" were most helpful in your county/school district? (use separate sheet if needed.)

What aspects of "Guidelines" were most difficult to implement in your county/school district? (use separate sheet if needed.)

What policies or procedures have you implemented to serve this population safely? (Use separate sheet and/or attach copy of policies or procedures for more complete documentation.)

Please rate your degree of agreement with the following statements:
(SA= strongly agree, A = agree, N = neutral, D = disagree, SD = strongly disagree)

Question	SA	A	N	D	SD
The guidelines were helpful					
I am confident about the care I delegated					

What tasks have you delegated and to whom?	RN	LPN	Child	Parent	UAP	Other
Nebulizer administration						
Nebulizer assistance						
Peak Flow Meter log						
Other						

County/School District _____

Date submitted _____

School Health Coordinator _____

Reporting period _____

¹⁷ Adapted from the Nursing Guidelines for the Delegation of Care for Students with Diabetes in Florida Schools 2003

Appendix I



Students With Chronic Illnesses: Guidance for Families, Schools, and Students

Students With Chronic Illnesses: Guidance for Families, Schools, and Students

Chronic illnesses affect at least 10 to 15 percent of American children. Responding to the needs of students with chronic conditions, such as asthma, allergies, diabetes, and epilepsy (also known as seizure disorders), in the school setting requires a comprehensive, coordinated, and systematic approach. Students with chronic health conditions can function to their maximum potential if their needs are met. The benefits to students can include better attendance, improved alertness and physical stamina, fewer symptoms, fewer restrictions on participation in physical activities and special activities, such as field trips, and fewer medical emergencies. Schools can work together with parents, students, health care providers, and the community to provide a safe and supportive educational environment for students with chronic illnesses and to ensure that students with chronic illnesses have the same educational opportunities as do other students.

Family's Responsibilities

- Notify the school of the student's health management needs and diagnosis when appropriate. Notify schools as early as possible and whenever the student's health needs change.
- Provide a written description of the student's health needs at school, including authorizations for medication administration and emergency treatment, signed by the student's health care provider.
- Participate in the development of a school plan to implement the student's health needs:
 - Meet with the school team to develop a plan to accommodate the student's needs in all school settings.
 - Authorize appropriate exchange of information between school health program staff and the student's personal health care providers.

- Communicate significant changes in the student's needs or health status promptly to appropriate school staff.

- Provide an adequate supply of student's medication, in pharmacy-labeled containers, and other supplies to the designated school staff, and replace medications and supplies as needed. This supply should remain at school.
- Provide the school a means of contacting you or another responsible person at all times in case of an emergency or medical problem.
- Educate the student to develop age-appropriate self-care skills.
- Promote good general health, personal care, nutrition, and physical activity.

School District's Responsibilities

- Develop and implement districtwide guidelines and protocols applicable to chronic illnesses generally and specific protocols for asthma, allergies, diabetes, epilepsy (seizure disorders), and other common chronic illnesses of students.
- Guidelines should include safe, coordinated practices (as age and skill level appropriate) that enable the student to successfully manage his or her health in the classroom and at all school-related activities.
- Protocols should be consistent with established standards of care for students with chronic illnesses and Federal laws that provide protection to students with disabilities, including ensuring confidentiality of student health care information and appropriate information sharing.
- Protocols should address education of all members of the school environment about chronic illnesses, including a component addressing the promotion of acceptance and the elimination of stigma surrounding chronic illnesses.



- Develop, coordinate, and implement necessary training programs for staff that will be responsible for chronic illness care tasks at school and school-related activities.
- Monitor schools for compliance with chronic illness care protocols.
- Meet with parents, school personnel, and health care providers to address issues of concern about the provision of care to students with chronic illnesses by school district staff.

School's Responsibilities

- Identify students with chronic conditions, and review their health records as submitted by families and health care providers.
- Arrange a meeting to discuss health accommodations and educational aids and services that the student may need and to develop a 504 Plan, Individualized Education Program (IEP), or other school plan, as appropriate. The participants should include the family, student (if appropriate), school health staff, 504/IEP coordinator (as applicable), individuals trained to assist the student, and the teacher who has primary responsibility for the student. Health care provider input may be provided in person or in writing.
- Provide nondiscriminatory opportunities to students with disabilities. Be knowledgeable about and ensure compliance with applicable Federal laws, including Americans With Disabilities Act (ADA), Individuals With Disabilities Education Act (IDEA), Section 504, and Family Educational Rights and Privacy Act of 1974 (FERPA). Be knowledgeable about any State or local laws or district policies that affect the implementation of students' rights under Federal law.
- Clarify the roles and obligations of specific school staff, and provide education and communication systems necessary to ensure that students' health and educational needs are met in a safe and coordinated manner.
- Implement strategies that reduce disruption in the student's school activities, including physical education, recess, offsite events, extracurricular activities, and field trips.

- Communicate with families regularly and as authorized with the student's health care providers.
- Ensure that the student receives prescribed medications in a safe, reliable, and effective manner and has access to needed medication at all times during the school day and at school-related activities.
- Be prepared to handle health needs and emergencies and to ensure that there is a staff member available who is properly trained to administer medications or other immediate care during the school day and at all school-related activities, regardless of time or location.
- Ensure that all staff who interact with the student on a regular basis receive appropriate guidance and training on routine needs, precautions, and emergency actions.
- Provide appropriate health education to students and staff.
- Provide a safe and healthy school environment.
- Ensure that case management is provided as needed.
- Ensure proper record keeping, including appropriate measures to both protect confidentiality and to share information.
- Promote a supportive learning environment that views students with chronic illnesses the same as other students except to respond to health needs.
- Promote good general health, personal care, nutrition, and physical activity.

Student's Responsibilities

- Notify an adult about concerns and needs in managing his or her symptoms or the school environment.
- Participate in the care and management of his or her health as appropriate to his or her developmental level.



Jeb Bush
Governor

John O Agwunobi, M.D., M.B.A, M.P.H.
Secretary, Department of Health