Georgia Asthma-Friendly Schools Toolkit and Recognition Guidance

FOR GEORGIA'S K-12 SCHOOLS AND SCHOOL DISTRICTS

Georgia Asthma Control Program

2015

Georgia Department of Public Health

THIS TOOLKIT IS TO FACILITATE THE ADOPTION, IMPLEMENTATION AND ENFORCEMENT OF A COMPREHENSIVE ASTHMA-FRIENDLY SCHOOL POLICY IN GEORGIA K-12 SCHOOLS

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Introduction and Background

Schools are an important venue for promoting health and wellness. In 2013, more than 1.6 million students were enrolled in Georgia public schools and approximately 108,000 teachers provided academic instruction for at least 180 school days[1]. Opportunities to integrate health and wellness content and experiences throughout the school hours abound. This toolkit provides information and resources to facilitate the adoption, implementation, and enforcement of a comprehensive asthma-friendly school policy in Georgia K-12 schools. The toolkit information and resources presented in the toolkit include:

- Facts about the burden of asthma in schools;
- A summary of relevant state and federal policies in the areas of asthma and allergy medications with which school personnel should be familiar;
- Information about coordinated school health implementation;
- Model asthma-friendly school policies;
- Implementation suggestions for model policies; and
- Appendices containing tools, websites, and resources that may help schools achieve model policy and best practices in programming, policy, and systems change.

Comprehensive Asthma School Policy advises schools to have the following components:

- Asthma Awareness Education
- Staff Training
- Procedures for Identifying Students with Asthma
- Asthma Medications Policies
- Tobacco Use Prevention Policies
- Integrated Pest Management

[1] Quick facts about Georgia Public Education, 2013. Georgia Department of Education. Available at https://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/Quick%20Facts%20About%20Georgia%20Public%20K-12%20Education%202013.pdf

Overview of the Burden of Asthma in Georgia's Schools

State of Georgia[2]

- Estimated total population (2014): **10,097,343**
- Estimated percent of youth under 18 years of age (2014): **2,514,238** (24.9 percent of total population)
- Estimated total population of youth 5-18 years of age (2014): **1,837,716** (18.2 percent of total)

Georgia School District Information[3]

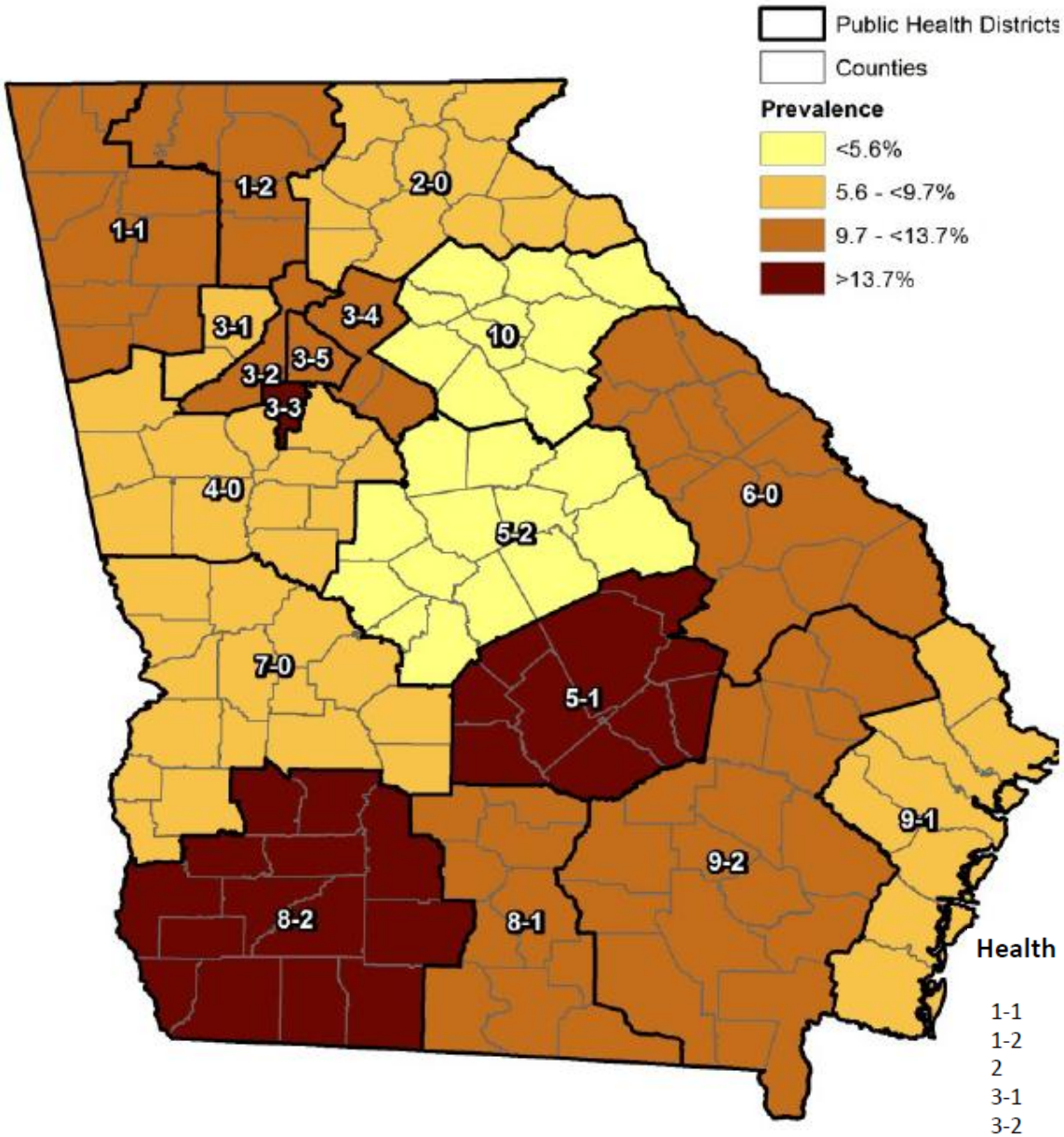
- Total number of school systems: **197**
- Total number of schools: **2,273**
- Total enrollment in public schools, (2012-13) **1,657,507**
- Percentage of Middle and High Schools that routinely use school records to identify and track students with a current diagnosis of asthma[4]: **96.8 percent**
- Percentage of Middle and High Schools that use a self-assessment tool to assess school policies for asthma: **28.6 percent**

Asthma among Georgia youths

- Percentage of school aged children with current asthma (2012)[5]: **12 percent** (260,000).
- Percentage of Middle and High School students with current asthma (2012): **14 percent** of Middle and **13 percent**, respectively.
- Percentage of school-aged children reporting missing one or more school days due to asthma in the past year (2010)[6]: **58 percent** (the average days missed was five).
- Emergency Room and Hospitalization charges due to asthma (2012)[7]: **$44.2 million** and **$40 million**, respectively.

[2] QuickFacts, 2014 data from the U.S. Census. Available online at http://quickfacts.census.gov/qfd/states/13000.html
[3] Quick facts about Georgia Public Education, 2013. Georgia Department of Education. Available at https://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/Quick%20Facts%20About%20Georgia%20Public%20K-12%20Education%202013.pdf
[4] Georgia School Health Profiles Report, 2014. Georgia Department of Public Health. Available online at http://dph.georgia.gov/sites/dph.georgia.gov/files/2014%20GA%20Principal%20Tables.pdf
[5] Annor F., Bayakly A., Vajani M., et al. Georgia Asthma Prevalence Report. Georgia Department of Public Health, Health Protection, Epidemiology, Chronic Disease Healthy Behaviors and Injury Epidemiology Section, December 2013
[6] Cheng V., Clarkson L., Lopez F., et al. 2012 Georgia Asthma Surveillance Report. Georgia Department of Public Health, Health Protection, Epidemiology, Chronic Disease Healthy Behaviors and Injury Epidemiology Section, April 2012
[7] Annor F., Bayakly A., Vajani M., Drenzek, C., Lopez F., O'Connor J. Georgia Asthma Burden Report. Georgia Department of Public Health, Health Protection, Epidemiology, Chronic Disease, Healthy Behaviors and Injury Epidemiology Section, May 2015

Figure 1. Asthma Prevalence Among Children Ages 0-17, by Public Health District



Health Districts in Georgia:

1-1	Northwest (Rome)
1-2	North Georgia (Dalton)
2	North (Gainesville)
3-1	Cobb/Douglas
3-2	Fulton
3-3	Clayton County (Jonesboro)
3-4	East Metro (Lawrenceville)
3-5	Dekalb
4	LaGrange
5-1	South Central (Dublin)
5-2	North Central (Macon)
6	East Central (Augusta)
7	West Central (Columbus)
8-1	South (Valdosta)
8-2	Southwest (Albany)
9-1	Coastal (Savannah)
9-2	Southeast (Waycross)
10	Northeast (Athens)

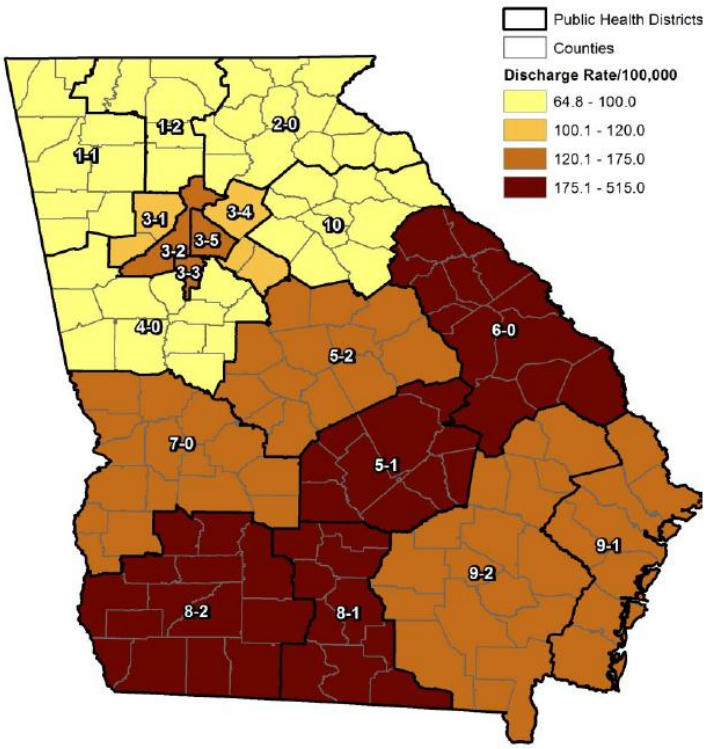
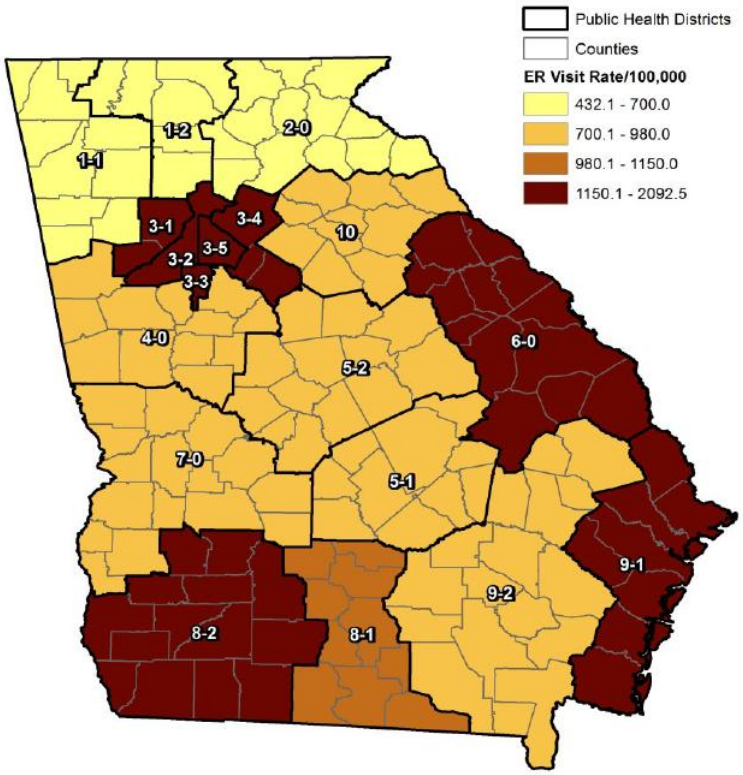


Figure 2. Asthma-related Hospitalizations Among Children Ages 0-17, by Public Health District, 2012

Figure 3. Asthma-related Emergency Room Visits Among Children Ages 0-17, by Public Health District, 2012



Summary of State and Federal Policies Related to Asthma and Allergy Medications

Asthma is a chronic lung condition that inflames and narrows the airways. There is no cure for asthma, but it can be managed. Schools can help by adopting asthma-friendly policies and procedures; coordinating communication with physicians, school personnel, children with asthma and their families, and by providing asthma education for students and staff to better serve their students with asthma. The safety of all students is of utmost importance.

In 2010, the self-administration of asthma medication law was passed (O.G.C.A. § 20-2-774) authorizing the following:

- Students who attend public (elementary and secondary) schools may carry and self-administer asthma medication, and
- Relieving the school district and its employees from any liability (other than willful misconduct) for any injury to a student caused by his or her self-administration.

http://law.justia.com/codes/georgia/2010/title-20/chapter-2/article-16/part-3/20-2-774

In 2012, the Georgia Stock Epinephrine (EpiPen) law was passed (O.G.C.A. § 20-2-776) authorizing the following:

- Students to carry and self-administer prescription auto injectable epinephrine who are identified as qualified to self-administer medication by physician
- Public and non-public schools to stock a supply of auto-injectable epinephrine; providing for requirements and reporting;
- Licensed health practitioners to prescribe auto-injectable epinephrine in the name of a public or non-public school;
- Pharmacist and Pharmacies to dispense auto-injectable epinephrine to a prescription in the name of a public or non-public school;
- Schools to receive and store auto injectable epinephrine onsite on behalf of a student who is not able to self-administer medication if parent guardian provides a written statement from physician on use of medication and provides written release of school nurse or personnel to consult physician about medication and releases school of civil liability; and
- School personnel to administer auto injectable epinephrine to student or agent perceived to be experiencing an anaphylactic reaction whether or not student has prescription

http://www.legis.ga.gov/Legislation/20132014/137090.pdf

In 2015, Senate Bill 126 was passed, authorizing the following:

- Authorize certain health care practitioners to prescribe albuterol/levalbuterol to a school for emergency purposes;
- Authorize pharmacists to fill such prescriptions;
- Schools to acquire and stock a supply of albuterol/levalbuterol;
- School personnel or agent to administer albuterol/levalbuterol to a student believed to be in respiratory distress whether or not student has prescription;
- Provide levalbuterol sulfate to any student such employee or agent believes in good faith is experiencing a perceived respiratory distress for immediate self-administration; and
- Relieving the school district and its employees from any liability (other than willful misconduct) for any injury to a student caused by this or her self-administration.

https://gov.georgia.gov/sites/gov.georgia.gov/files/related_files/document/SB%20126.pdf

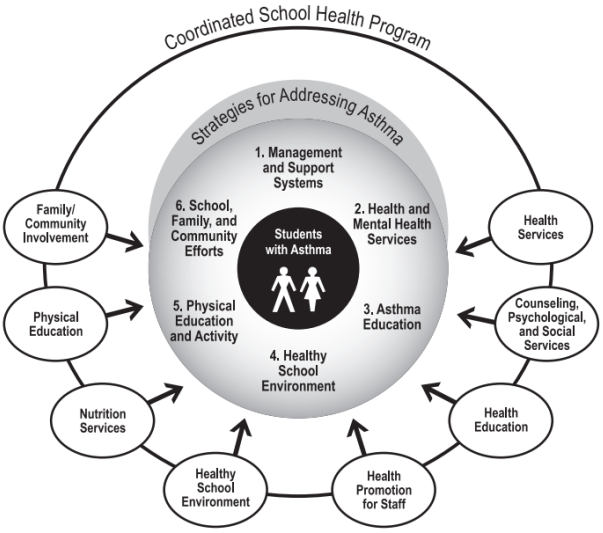
Coordinated School Health: Creating a Culture of Health

Coordinated School Health (CSH)[8] is recommended by the Centers for Disease Control and Prevention as a strategy for improving students' health and learning in schools. The eight components of Coordinated School Health include: health education, physical education, school health services, nutrition services, psychological services, school environment, school staff wellness and family and community involvement. Figure 4 provides a visual summary of the eight CSH components.

CDC has created an online assessment tool called the School Health Index (SHI)[9] that schools can use to assess and improve their health and safety policies. The Coordinated School Health themes match the assessment modules in the School Health Index for Elementary Schools and the School Health Index for Middle and High Schools. School wellness councils or health teams can choose to do one module at a time or take on all eight modules simultaneously.

Managing asthma takes teamwork. A strong family-physician-school partnership is essential for students with asthma. A strong partnership improves attendance and positive educational outcomes for students with asthma. School policies supportive of partnerships contain the following: (1) outreach to families, (2) asthma management training for teachers and staff, (3) good communication among physicians, school staff, and families, (4) opportunities for families to share in decision-making regarding school policies and procedures and (5) linkages with special service agencies and community groups to address family and community issues when appropriate.

Figure 4. Coordinated School Health



[8] Coordinated School Health. Centers for Disease Control and Prevention. Available online at http://www.cdc.gov/healthyyouth/cshp/index.htm
[9] Centers for Disease Control and Prevention. School Health Index. Online and paper-based versions available. Available at http://ww.cdc.gov/healthyyouth/shi/

How Schools Can Implement Coordinated School Health

The Centers for Disease Control and Prevention (CDC) has identified six strategies[10] for schools and school districts to consider when addressing asthma within a coordinated school health program.

It is important to note that every strategy is not appropriate or feasible for every school to implement. Schools and school districts should determine which strategies have the highest priority on the basis of the needs of the school and available resources.

1. **Establish management and support systems for asthma-friendly schools.**
   - Identify the school's or school district's existing asthma needs. Gain school administrators support by:
     - Incorporating health in the district's or school's vision and mission statements, including health goals in the school's improvement plan,
     - Appointing someone to oversee school health,
     - Allocating resources,
     - Modeling healthy behaviors and
     - Regularly communicating the importance of wellness to students, staff, and parents.
   - Establish a school health council or team:
     - Ideally, the district school health council includes at least one representative from each of the eight components, and school administrators, parents, students and community representatives involved in the health and well-being of students, such as a representative from the local health department and the school district's medical consultant.
     - *School health teams* generally include a site administrator, an identified school health leader, teachers and other staff representing the components, parents, students and community representatives when appropriate.
   - Identify a school health coordinator:
     - The school health coordinator helps maintain active school health councils and facilitate health programming in the district and school, and between the school and community.
     - The school health coordinator organizes the eight components of school health and facilitates actions to achieve a successful, coordinated school health system, including policies, programs, activities and resources.

[10] Centers for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program, With Updated Resources*. Atlanta, Georgia: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2006. Available at www.cdc.gov/HealthyYouth/asthma/pdf/strategies.pdf.

- Develop a plan:
  - Share asthma-management strategies with the district health council and school health team if they exist. Ensure that school-based asthma management is addressed as a high priority.
  - Develop and implement written policies and procedures regarding asthma education and management. Promote asthma programs that are culturally and linguistically appropriate.
  - A school health council or team should use a program planning process to achieve health promotion goals. The process, which should involve all stakeholders, includes:
    - Defining priorities based on the students' unique health needs
    - Determining what resources are available
    - Developing an action plan based on realistic goals and measurable objectives
    - Establishing a timeline for implementation
    - Evaluating whether the goals and objectives are met

Ideally, this plan would be incorporated into a school's overall improvement plan to link health with learning outcomes. As noted, CDC provides assessment and planning guidance through the *School Health Index* to help schools analyze the strengths and weaknesses of their school health policies, programs and services, and plan for improvement.

2. **Provide appropriate school health and mental health services for students with asthma.**
   - Obtain a written asthma action plan for all students with asthma. The plan should be developed by a primary care provider and be provided by parents. Sample Asthma Action Plans can be found in Appendix A.
   - Ensure that at all times students have immediate access to medications, as prescribed by a physician and approved by parents.
   - Use standard emergency protocols for students in respiratory distress if they do not have their own asthma action plan.
   - Ensure that case management is provided for students with frequent school absences, school health office visits, emergency department visits or hospitalizations due to asthma.
   - Refer students without a primary care provider to child health insurance programs and providers.
   - Provide and coordinate school-based counseling, psychological and social services for students with asthma, as appropriate. Coordinate with community services.

3. **Provide asthma education and awareness programs for students and school staff.**
   - Ensure that students with asthma receive education on asthma basics, asthma management and emergency response. Encourage parents to participate in these programs.
   - Provide school staff with education on asthma basics, asthma management and emergency response as part of their professional development activities.
   - Include classroom teachers, physical education teachers, coaches, secretaries, administrative assistants, principals, facility and maintenance staff, food service staff and bus drivers.
   - Integrate asthma awareness and lung health education lessons into health education curricula. **Note**: Asthma Awareness Month is each May, and World Asthma Awareness Day is the first Tuesday in May.
   - Provide and/or support smoking prevention and cessation programs for students and staff.
   - A list of educational resources can be found in Appendix E.

4. **Provide a safe and healthy school environment to reduce asthma triggers.**
   - Prohibit tobacco use at all times, on school property (including all buildings, facilities, and school grounds), in any form of school transportation and at school-sponsored events on and off school property (for example, field trips).
   - Prevent indoor air quality problems by reducing or eliminating allergens and irritants, including tobacco smoke; dust and debris from construction and remodeling; dust mites, molds, warm-blooded animals, cockroaches and other pests.
   - Use integrated pest management (IPM) techniques to control pests.

5. **Provide safe, enjoyable physical education and activity opportunities for students with asthma.**
   - Encourage full participation in physical activities when students are well.
   - Provide modified activities as indicated by a student's asthma action plan, 504 Plan and/or IEP, as appropriate.
   - Ensure that students have access to preventive medications before activity and immediate access to emergency medications during activity.

6. **Coordinate school, family and community efforts to better manage asthma symptoms and reduce school absences among students with asthma.**
   - Obtain written parental permission for school health staff and primary care providers to share student health information.
   - Educate, support and involve family members in efforts to reduce students' asthma symptoms and school absences.
   - Work with local community programs.

- Coordinate school and community services, including community health care providers, community asthma programs and coalitions, community counselors, social workers, case managers and before- and after-school programs.
- Encourage interested school staff to participate in community asthma coalitions.

Model Comprehensive Asthma-Friendly School Policies

This section details model comprehensive asthma-friendly school policies. A good school health policy will address the needs of both staff and students, promote health in multiple ways and emphasize the need for coordination of all health and wellness activities on the school campus or in the school district.

In 2014, Georgia Asthma Control Program's Schools and Childcare Workgroup developed a framework of Georgia's Comprehensive Asthma Friendly School Policies. Based on their final recommendations, Georgia's Asthma Friendly School Model Policies were developed, encompassing the following five domains, which are designed to:

- Maximize School Health Services
- Build Asthma Education
- Provide a Healthy School Environment
- Improve/Monitor Indoor-Outdoor Air Quality
- Manage Physical Education and Activity

Model Policy Domain I: MAXIMIZE SCHOOL HEALTH SERVICES

Identify all students with asthma

Procedures should be established to identify students diagnosed with asthma. Every student identified with asthma should have a Medication Authorization form. Provisions should be made to accommodate students most affected by asthma at school.

Develop and implement a communications plan

A communications plan should be in place to notify staff/teachers and parents/guardians who interact with asthmatic students.

Use asthma action plans for all students with asthma

The prevention, health care and emergency needs for each student with asthma are documented in individualized *Asthma Action Plans*, which are developed in consultation with the students' parents/guardians, the students' primary health care provider(s) and school health personnel. Asthma Action Plan should include provision of parental consent for direct interaction between school health staff and primary care provider with regard to student asthma. Asthma Action Plans are required and are on file at the school and kept in a central location as well as shared and kept with appropriate school staff.

Assure immediate access to medications

All students with asthma should have quick and easy access to their inhalers during school hours, at school sporting events and on field trips. Students should be allowed to self-carry and administer their asthma/rescue inhaler or quick relief medication and in compliance with Senate Bill 472, which allows children to possess and self-administer asthma medication with parental/guardian and healthcare provider written authorization. In addition schools should have provisions stocking of asthma reliever medication for emergency administration to any student believed to be experiencing respiratory distress. Provisions for immediate access to medications should be communicated in school student handbook, parent handbook, website and in policies.

Use standard emergency protocols

Written protocols are in place and implemented by teachers and staff to assure appropriate emergency care for students with asthma or anaphylaxis.

Facilitate linkages with the medical home; provide referrals to medical providers

An asthma friendly school requires strong family-school-health provider partnership. This guide details the responsibilities for all of the parties involved in creating asthma friendly schools.

Provide access to trained health personnel all day, every day for each school

Ideally, a school nurse would be assigned to each school during all school hours to monitor and coordinate the care of students with asthma. Where this is not possible, the school shall ensure that properly trained personnel are available to manage routine and emergency administration of asthma medication.

Model Policy Domain II: BUILD ASTHMA EDUCATION

Create a school health council or wellness team

Schools must create a school health council or wellness team that includes school faculty and staff, parents and families, students, healthcare providers, community members, businesses, faith based organizations, local health departments, youth, etc.

Provide continuing education for health services staff

Schools should provide medical education/professional development for all health personnel and those responsible for asthma medication administration annually on asthma management guidelines, asthma management in the school settings and environmental issues related to asthma.

Educate all staff and faculty

School nurse or other qualified healthcare/public health professionals who are trained and/or certified in asthma health education should provide mandatory asthma education and educational resources to all school personnel that includes basic information about asthma, asthma action plans, asthma management practices, asthma medications, procedures to follow during an asthma emergency, how to help a student who has asthma and the importance of keeping healthy classrooms. All new staff members should be provided with asthma awareness material upon hire and should receive training or instruction on the emergency protocol to follow during an asthma exacerbation (attack). The standard emergency protocol to follow during an asthma exacerbation (attack) should be prominently posted throughout the school.

Educate all students

Students with asthma need to be empowered to advocate for themselves in the school setting, informing school staff of their unique health needs. Asthma awareness education for students should be integrated within health education, science, and physical education curricula at appropriate levels and taught by well-prepared and well-supported teachers. Asthma education should be provided to all students to include the components of asthma management concepts, how to help a classmate having an asthma exacerbation and the importance of keeping healthy classrooms. Students must also learn how to responsibly carry and self-administer their asthma medication and understand allergies, anaphylaxis and EpiPens.

Educate parents of all students

Schools should provide asthma education materials to parents/guardians of students with asthma and host asthma workshops for parents and other caregivers of children with asthma. The school links resources for programs, activities, support groups and asthma awareness materials to the families of students with asthma and should also include information to parents and students on smoking cessation programs in the community.

Model Policy Domain III: PROVIDE A HEALTHY SCHOOL ENVIRONMENT

100% Tobacco Free

- **Tobacco Use Prohibited**

No student, staff member or school visitor is permitted to use any tobacco product at any time, including non-school hours:

- in any building, facility or vehicle owned, leased, rented or chartered by the Georgia Department of Education;

- on any school grounds and property – including athletic fields and parking lots – owned leased, rented or chartered by Georgia Department of Education; or
- at any school-sponsored or school-related event on-campus or off-campus.

In addition, school district employees, school volunteers, contractors or other persons performing services on behalf of the school district also are prohibited from using tobacco products at any time while on duty and in the presence of students, either on or off school grounds.

Further, no student is permitted to possess a tobacco product while in any school building, while on school grounds or property or at any school-sponsored or school–related event or at any other time that students are under the authority of school personnel.

Tobacco products may be included in instructional or research activities in public school buildings if the activity is conducted or supervised by the faculty member overseeing the instruction or research and the activity does not include smoking, chewing or otherwise ingesting the tobacco product.

- **Definition of Tobacco Products and Tobacco Use**

For the purposes of this policy, "tobacco product" is defined to include cigarettes, cigars, blunts, bidis, pipes, chewing tobacco, snuff and any other items containing or reasonably resembling tobacco or tobacco products. "Tobacco use" includes smoking, chewing, dipping or any other use of tobacco products.

- **Signage**

Signs declaring all school groups and property as tobacco-free will be posted in all school buildings and vehicles. Signs will be posted at all vehicular entrances to school grounds and building entrances and in all indoor and outdoor athletic facilities.

- **Enforcement for Students**

Consequences for students engaging in the prohibited behavior will be provided in accordance with the school's student behavior management plan. Students who violate the school districts tobacco use policy will be referred to the guidance counselor, a school nurse or other health or counseling services for all offenses for health information, counseling and referral.

- **Enforcement for Staff and Visitors**

Consequences for employees who violate the tobacco use policy will be in accordance with personnel policies and may include verbal warning, written reprimand or termination. Visitors using tobacco products will be asked to refrain while on school property or leave the premises by law enforcement officers.

- **Opportunities for Cessation**

The administration will consult with the county health department and other appropriate health organizations to provide students and employees with information and access to support systems, programs and services to encourage them to abstain from the use of tobacco products.

- **Prevention Education**

The administration will consult with appropriate health organizations to identify and provide programs or opportunities for students to gain a greater understanding of the health hazards of tobacco use and the impact of tobacco use as it relates to providing a safe, orderly, clean and inviting school environment.

- **Procedures for Implementation**

The administration will develop a plan for communicating the policy that may include information in student and employee handbooks, announcements at school-sponsored or school-related events and appropriate signage in buildings and around campus. An enforcement protocol, which identifies consequences for students, staff and visitors who violate the policy, will be created and communicated to all students, staff and parents.

Model Policy Domain IV: IMPROVE/MONITOR INDOOR AND OUTDOOR AIR QUALITY

Indoor

-Animals in classrooms

Animals should be isolated to the extent possible and should be kept away from carpets, upholstered furniture and stuffed toys. Specific types of animals may be restricted from the classroom if a concern is expressed by staff, students or parents. The school district has the right to ban certain animals if they pose a threat to the health, safety or comfort of staff and students. Classroom pets should be placed away from return air ducts and from students with known allergy or asthma problems.

-Food in classrooms

Food should not be left in classrooms. When it is necessary to store food in classrooms, it must be kept in airtight, sealed containers to minimize the potential for pest, odors and biological growth.

-Painting

Schools must use latex, water-based paints. Oil-based paints can only be used with prior approval by the local school district. Using paints that contain mercury or lead is prohibited. Painting and drying should occur when the area of the building is unoccupied and properly ventilated. It is also important to inform all affected staff and students before a painting job begins.

-Hazardous materials

Wastes generated from hazardous materials should be stored separately from regular waste and disposed in appropriate containers according to the manufacturers guidlines. Training sessions for staff can help explain the risks associated with hazardous materials and the importance of complying with this policy.

-Asbestos Hazard Emergency Response Act (AHERA) Management Plan

An AHERA Management Plan is required by Federal Law and is intended to prevent staff exposure to asbestos during general operation and maintenance activities. Schools must update their AHERA Management Plan with information collected from their periodic surveillance every 6 months, re-inspection of buildings for asbestos-containing material every 3 years, and response actions taken within the school.

-Lead

If lead is present in existing school building paint coatings, renovation procedures must be employed that minimize the exposure of building occupants to airborne lead-based paint particles. In addition, a "Lead in Water Plan" has been implemented that includes water sampling, faucet replacement, education and recordkeeping.

-Integrated Pest Management (IPM) Program

IPM is a comprehensive strategy for controlling pest, pest-generated substances (such as cockroach fecal matter) and pesticides, which can act as irritants and trigger allergies and asthma. Each school district should have IPM programs that aim to reduce the frequency and magnitude of both pesticide use and pest problem.

-Anti-Idling

Delivery and bus pickup and drop off zones should be located away from building outdoor air intakes to ensure that exhaust fumes do not enter the facility. Georgia school districts prohibit buses and cars from idling while waiting to pick up or drop off students. Buses shall idle no longer than the time required to bring engines to proper operating temperature and to defrost all windows. This policy is not in effect when temperatures fall below 32 degrees Fahrenheit.

-Indoor Air Quality (IAQ) Protocols

Establish an Indoor Environments team and adopt IAQ protocols. The top priority of the Indoor Environments Team is to reduce health risks to students from indoor environmental factors in the school environment. Increased awareness of IAQ issues and implementation of Tools for Schools will promote healthier and safer learning conditions for children and staff. The goal of the IAQ protocols involves these three key principals:

- School staff and students can prevent many indoor air quality problems.
- When IAQ problems happen, they can often be resolved using the skills of school staff.
- The expense and effort required to prevent most IAQ problems is much less than the expense and effort to solve problems after they develop.

Outdoor

Managing Student's Exposure to Outdoor Air Pollution

-Monitoring Ozone Levels:

The school district is responsible for monitoring and disseminating to the schools the air pollution information/forecast. This information will be gathered daily from the media, local air pollution control agency, health department, etc. and when there is elevated air pollution, disseminated to each school principal via phone, email and/or fax.

-Reducing Student Exposure:

Decisions for reducing exposure to air pollution will be based on individual student risk. Students at highest risk (including upper elementary and middle school students, students with respiratory diseases and sports or activities that require heavy exertion for extended periods of time) will be protected.

On **Orange Days**, the school will be aware and monitor for individual symptoms. Students with a history of reactions to ozone exposure (often 24 hours after exposure) will be encouraged to minimize their exposure, via reduced exertion and/or duration.

On **Red Days**, the school will limit exposure for all students to one hour at heavy exertion levels (this includes sports that require high intensity workouts for long periods: basketball, soccer, running, etc.). Potential solutions to limit exposure include (but are not limited to):

1) Having practice/games inside

2) Having practice/games early in the day before ozone levels rise

3) Rotating players often and having breaks

4) Lowering exertion during practice (examples include skill building versus endurance training)

Model Policy Domain V: MANAGE PHYSICAL EDUCATION AND ACTIVITIY

Manage Physical Education and Activity

Encourage full participation when students are well

Students with asthma should fully and safely join in physical education, school sponsored sports, recess and field trips.

Manage physical activity for students with asthma/Provide option for modified activity as indicated by student's asthma action plan

Training/resources are provided to physical education teachers and coaches on providing safe physical education for students with asthma including awareness of distress signs and what to do in the event of an asthma attack during physical activity. Students with asthma may choose a physical activity that is different from others in the class when it is medically necessary and documented by their healthcare provider. Schools should have policies and procedures in place to support individualized physician-recommended levels of activity.

Ensure ready access to pre-medication as prescribed

Help students and the school nurse make sure that the student's prescribed asthma medicines are available for use, according to their asthma action plan, before physical activity. Students who have been prescribed pre-exercise treatment for exercise induced bronchospasm should take their medicine 5 to 10 minutes prior to exercise or as recommended by their physician.

Immediate access to quick-relief medication

Ensure that children who are authorized to self-carry asthma medication have quick and easy access during physical activity. If a student has obvious wheezing or breathing difficulty, have the student treat his/her symptoms according to the asthma care plan.

Georgia schools are encouraged to work toward creating a district level policy that is specific, comprehensive, sustainable, monitored and ultimately leads to Coordinated School Health implementation. A model policy can be found in Appendix D. Below is a summary of the 10 Asthma-Friendly School Policy Components.

Asthma Friendly School Policy/School Asthma Policy

Although not an exhaustive list, the components of this policy include having Asthma Awareness education integrated into school curricula, having asthma-related professional development training provided to school personnel, having procedures to identify students with significant asthma morbidity and having individualized Asthma Action plans developed with collaboration of health care provider, parents and school health personnel.

100% Tobacco Free School Policy

Some of the components of this policy include having a description of prohibition of tobacco use including: individuals involved, products prohibited, time of day policy effective, locations, and events, having an explanation of tobacco products and tobacco use under policy, having an explanation of school grounds and property under the policy, having an explanation of the time of day as used in policy, having a description of enforcement procedures for students, staff and visitors and having a description of opportunities for cessation and prevention education.

No Idling Zones (Buses Only) or (All Vehicles)

Some components of this policy include ensuring drivers turn off engines when loading and unloading students, limiting bus idling to 3-5 minutes during early morning warm up on all but coldest weather conditions, no idling while waiting for students during fieldtrips and extracurricular activities, schools to provide a bus warming station outside of the school zone during cold weather, having revised bus schedules to prevent caravanning and assigning the cleanest school buses to the longest routes. Annual communication of policy with all bus drivers at the beginning of the school year.

Medication Policy

Although not inclusive the components of this policy include ensuring that all medication be accompanied by written instruction from healthcare provider, medication administration be accompanied by written parent/guardian authorization, delegation of medication administration in the absence of a school nurse, and students are not allowed to carry medication while at school except for students with asthma or medications for life threatening conditions who have met self-administer requirements.

Self-Administer Asthma Medication Policy [GA Code 20-2-774]

Schools must abide by this law, which authorizes students to carry and self-administer prescription asthma medication while in school, at a school sponsored activity, while under the supervision of school personnel or while in before-school or after-school care on school operated property. Student exercising this authority must meet qualifications to self-administer as determined by his or her physician.

Self-Administer Anaphylaxis (EpiPen) Medication [GA Code 20-2-776]

Schools must abide by this law, which authorizes students to carry and self-administer prescription auto injectable epinephrine who are identified as qualified to self-administer medication by physician. Student parent/guardian has to provide written statement (annually) consenting to self-administrations, providing a release for the school nurse or other designated school personnel to consult with physician with any questions regarding the medication and releasing school system and employees of civil liability. Written statement from physician (annually) detailing medication, method, amount time schedules for administration of medication and confirmation that student is able to self-administer. Schools are permitted to receive and store auto injectable epinephrine onsite on behalf of a student who is not able to self-administer medication if parent guardian provides a written statement from physician on use of medication and provides written release of school nurse or personnel to consult physician about medication and releases school of civil liability.

School Stocking and Emergency Administration of Asthma Medications Policy [Senate Bill 126]

Specific authorization provided in SB126 related to albuterol/levalbuterol includes the following:

Authorization

- Public and Private schools may acquire a stock a supply of albuterol/levalbuterol with a prescription, including elementary and secondary education.
- A physician licensed to practice medicine in this state or an advanced practice registered nurse or physician assistant may prescribe levalbuterol sulfate or albuterol sulfate in the name of a public or private school.
- A pharmacist may dispense levalbuterol sulfate or albuterol sulfate to a public school or private school presenting prescription.

Administration

- Provide levalbuterol sulfate to any student believed in good faith to be experiencing a perceived respiratory distress for immediate self-administration.
- Administer levalbuterol sulfate to any student such employee or agent believes in good faith is experiencing a perceived respiratory distress, regardless of whether the student has a prescription for levalbuterol sulfate.
- School may designate an employee or agent of the public or private school to administer albuterol/levalbuterol to any student employee or agent believes in good faith is experiencing a perceived respiratory distress.

- Designated employee or agent must complete training in recognizing the symptoms of respiratory distress and the correct method of administering the albuterol/levalbuterol in accordance to this guideline.

Protections

- Any school personnel who in good faith administers or chooses not to administer levalbuterol sulfate to a student pursuant to this Code section shall be immune from civil liability for any act or omission to act related to the administration of levalbuterol sulfate, except that such immunity shall not apply to an act of willful or wanton misconduct.
- Any licensed practitioner who prescribes levalbuterol sulfate for use by a school in accordance with this Code section shall be immune from civil liability for any act or omission to act related to the administration of such albuterol/levalbuterol sulfate, except that such immunity shall not apply to an act of willful or wanton misconduct.

Indoor Air Quality (IAQ) Policy

Although not inclusive, the components of this policy include having an Indoor Air Quality Coordinator, who is responsible for leading communication, plan development and implementation, annual evaluations/inspections, completing annual School Building evaluations covering ventilation systems (HVAC) and maintenance activities, completing annual walkthrough inspections, having a plan to address identified concerns/issues, having routine moisture inspections and plan for mold remediation, and annual training for staff to maintain elements of IAQ: animals, food, chemicals, idling, maintenance, etc.

Healthy School Environment Policy

The components of this plan include implementation of the Healthy Learning Environment plan, which includes: assessment of environmental factors that impact student learning or health; plan for storage, use and disposal of cleaning agents and other hazardous chemicals; procedures for minimizing exposure to exhaust from vehicles; procedures for daily monitoring of outdoor air quality; mechanisms to resolve hazardous chemical exposure or water problems; action steps, strategies and long-term goals to address identified concerns/issues.

Field Trip Medication Policy

The components of this policy include ensuring that the School nurse is advised in advance about field trip to prepare medications, having the School nurse prepare/pack student medications for each teacher, having RN will accompany field trip if student medical/ medication requirements cannot be met through delegation, allowing Students to carry emergency medication if forms received indicate student ability to self-administer medication and making provisions such that Students requiring emergency medication administered by school nurse should ride on same bus.

Integrated Pest Management (IPM) Policy

The components of this policy include, but are not limited to, having an Integrated Pest Management Coordinator to carry out program and maintain data sheet of pesticide use and applications, having written notice to staff and parents/guardians on file explaining IPM program, a list of pesticides/bait stations that may be used in the schools and includes contact information for IPM Coordinator, having procedures in place for emergency pesticide application when there is evidence of an immediate threat to health and safety of students with notification within 24 hours after application, and having the school's Integrated pest management program developed, implemented and approved by the Department of Agriculture.

Policy Implementation Guide for Asthma Friendly Schools

School staff, administration, parents and community partners can work together to establish written policies that promote and support a culture of health and well-being. There are well-defined steps associated with advancing asthma-friendly policies.

Many schools and school districts in Georgia are actively working on individual components of the Asthma Friendly School policies. While the policy steps are presented in order, school council members may work on multiple steps at the same time.

Step 1: Establish a school or school district health or wellness council

Many schools or school districts already have an existing school council in operation. The school wellness council may be a sub-group of the existing school council or may be established as a completely separate coalition. To achieve policy and have the greatest impact, a school health council should[11]:

- Consist of a diverse set of school stakeholders including school board members, administrators, staff, students, parents and community leaders that can help achieve policy, systems and environmental changes;
- Have a champion or co-leaders that can bring together council members on a regular basis, facilitate meetings and guide the group to establishing a mission and goals;
- Establish an overall mission for creating a culture of health in school;
- Discuss policy and program goals for the future that align with the mission;
- Identify successful policy implementation that has been accomplished at the school in the past in health or other areas to understand the process and lessons learned; and
- Each year examine the reputation of the school wellness council on the school campus and in the community.

Step 2: Conduct a school health & school policy assessment

To understand and discuss the barriers to creating an asthma friendly environment, schools should conduct an assessment. A school health or wellness council is the logical group to lead this assessment. Sharing the results in an all staff meeting, at parent-teacher meetings, and with students is important.

Free tools are available to help a school complete Step 2 including:

School Health Index – Elementary Schools and Middle/High Schools
www.cdc.gov/healthyyouth/SHI/

[11] K-12 Physical Activity and Nutrition Toolkit: For Georgia Public Schools and School Districts, n.d. Georgia Health Policy Center. Available online at https://dph.georgia.gov/sites/dph.georgia.gov/files/related_files/site_page/PAN_toolkit_2.pdf

Alliance for a Healthier Generation Healthy Schools Program Inventory
www.schools.healthiergeneration.org/6_step_process/assess_your_school/about_the_inventory/

A sample school policy assessment for asthma is included in Appendix B.

Step 3: Select policy goals and develop action plans for each goal

In Step 3, the goals are to: 1) clarify the policy goal, 2) determine what resources are needed to achieve these goals and 3) develop an action plan to carry out each selected policy goal.

To start, it is helpful if the school health council reviews the areas for improvement identified in the school health assessment. Have discussions that lead the council to select a policy or policies that might be addressed in the school year or an established timeframe. Once the policy is identified, it is important to develop a policy action statement. The statement will:

- Define the actual problem to be addressed — a brief description of the problem.
- Indicate a policy solution — names the actual policy.
- Define what the policy will do — briefly describe the impacts of the policy.
- Detail who will benefit from the policy — identifies who will be positively impacted.
- List the "policy makers" or key influencers who can help make it happen — identifies the "targets" who ultimately decide if the policy will be adopted.

To achieve the action plan, a school health council will need to delegate certain tasks to council members that will help the policy goal be achieved. These tasks are addressed in the following steps but might include: researching best practices to support your policy goal; collecting data and information that can build support for your goal (for example, staff and student interest surveys); drafting talking points that can be used when discussing the policy goal with internal or external stakeholders; preparing a presentation about the policy goal to educate school staff, students, parents and community leaders; and engaging with local media to pitch the policy or write a guest editorial about the school health council and its goals. An action plan template can be found in Appendix C.

Step 4: Develop the policy language

It is important to craft a policy that is comprehensive but easy to understand. A policy's language will determine its strength. An asthma friendly policy should have language that is clear, concise, specific and accurate — eliminating room for various interpretations.

The language should include the rationale for and the benefits of adopting the policy. It should also indicate who will be held responsible for what aspects and describe enforcement. Details about implementation and period review to monitor implementation should also be part of the policy language.

Step 5: Make your case

Those leading the policy change efforts will need to reach out to various audiences to educate them about the value and potential impact of the policy. When council members talk to the various stakeholders, it will be important for them to be prepared with the right data, story, or other message of influence based on the individual's role in the school.

For example, when discussing the need for a Medications policy, a school council member might be assigned a specific "key influencer" to whom the case for the policy should be made. When making the case as outlined in the table below, using specific data from your school or school district is most helpful.

Table 1.

Target Audience	Make the case by talking about…
School Administrators	Less absenteeism; Fewer student office referrals; Contributes to Academic Achievement
Teachers and Aides	Better concentration; More on-task behavior
Parents	A "whole child" approach to learning; Better concentration

Schools may decide to create a short "issue brief" to provide to parents and community members. The brief should: 1) be short and easy to read, 2) define the problem, 3) lay out the policy solution, 4) include a "story" about why the policy is needed, and 5) briefly mention the school wellness council as the leader on the policy and who to contact with questions.

Step 6: Communicate and use local and social media

In Step 6, school wellness councils want to create a buzz about their health and wellness policies and activities, but most important, to build support for a specific policy – hopefully at the school district level. To advance the asthma friendly policy at a school or school district, a wellness council can use media tactics to influence internal leaders and staff as well as parents and community members/ organizations. Time is short and creating a comprehensive "communications plan" or "media campaign" may not be realistic for schools. So, school wellness councils should consider their policy goal, identify their target audiences, and brainstorm what messaging will work best for them. Below are recommendations for activities to complete throughout the year—each year to communicate the policy to all stakeholders:

- Campus signage
- School website
- Student & faculty/staff handbooks
- Student/parent registration packets
- New faculty and staff packets and orientation
- Facebook page, other web and social media

- PSAs and announcements
- School newsletters
- Letters to parents

Step 7: Generate Support for the Policy

A school health champion or wellness council needs to mobilize support for a selected policy or policies. To do this, education and communication is key – but not just in your school building! Engaging community partners, representatives from other schools in your district, parents and students can help achieve the ultimate goal of a district wellness policy. A few things to consider:

- Who are "change agents or "key influencers" in your school district that your team should approach about this policy change and who are likely to support it? Once identified, determine who will contact these powerful individuals and discuss personalized key talking points that will be made during (preferably) face-to-face meetings.
- How will you generate support? A few options include: generating letters of support to the school board, obtaining signatures on a petition, obtaining resolutions from state or local organizations who support the policy, attendance at high level meetings (school board, city council, county commissioners) to build awareness for the policy proposal and/or engaging local media in sharing information about the potential impact of the policy.
- Be sure to track all the outreach strategies used and who has been contacted in your attempts to generated support for the policy.

Step 8: Present to Decision Makers

In Step 8, the school wellness council should prepare and present to the school administration or the school board if seeking a district policy change. Below are some tips for meeting with these decision makers[12]:

- Select only a few people from the council or team to meet with the decision maker. Too many people in one meeting may overwhelm the decision maker.
- Remain professional, but be confident and firm about the established views. Practice what will be said and role play the comments that decision makers might make during the meeting.
- Make sure the individuals presenting at the meeting are knowledgeable on the issue and able to answer questions.
- Become familiar with the decision maker's level of influence. It would be useless to ask him/her to do something if they aren't able to do it.

[12] Georgia Tobacco-Free Colleges & Universities Tool Kit (2nd Ed.), 2014. Georgia Tobacco Use Prevention Program.

- Be organized. Have a copy of the proposed Asthma-Friendly School Policy (if possible). Become familiar with the content of the current policy and whether or not it is being enforced.
- Know exactly what the decision maker is being asked to do. If the person does not agree with what is wanted from them, have an alternative request in hopes of leaving the meeting with some sort of commitment (e.g., a letter of support in lieu of being the spokesperson for the policy).

Step 9: Implementation, Compliance, and Sustainability Planning

Step 9 requires a school or school district to plan for implementation of, compliance to and sustainability of the proposed policy change. The school's wellness council has an important role in this process. It is important that the school community (staff, parents, students, administrators, partners in education) have had time to discuss and debate the policy and understand its purpose and potential impact. A school health or wellness council and the administrators might want to allow four to six months between the time a policy is passed and when it goes into effect. During that time, crafting an implementation plan that details the policy, who's responsible for overseeing the policy implementation, what "ideal policy compliance" looks like, what messages and communications will be sent out to the different stakeholder groups about the policy and their role in supporting the policy and the penalties for not adhering to the policy. This planning process will help ensure the policy is implemented and sustained over time.

Step 10: Evaluate Policy Impact

To better understand how the policy is impacting stakeholders, it is important to evaluate. A school can do that in a number of ways. First, collect stories about the impact of the policy. Do administrators suggest that by allowing students to carry and administer their own medications, they see less absenteeism and fewer student office referrals? Do teachers suggest that addressing environmental triggers in the school has led to better performance on tests and better concentration in the classroom? Do parents find that awareness education and referrals to social support services has improved the overall health outcomes for their asthmatic child? Stories make policy impact personal, relevant and "real" to stakeholders. Additionally, schools can use existing data to determine if the policy has impacted health measures such as a decrease in school absenteeism due to asthma.

Asthma Friendly School Recognition

The purpose for establishing this voluntary program is to recognize and provide technical assistance to schools committed to making a positive impact in creating safer environments for the entire school body, with specific focus on those with asthma and allergies through systems and policy changes. Schools that adopt at least the five core components of the Model Asthma-Friendly School Policies will receive recognition as noted below.

Minimum Asthma-Friendly School Policy Components

- ✓ Asthma Friendly School Policy/School Asthma Policy
- ✓ 100% Tobacco Free School Policy
- ✓ No Idling Zones (Buses Only)
- ✓ Medication Policy with details on asthma medications
- ✓ Integrated Pest Management

What's In It for Our School?

There is of course the obvious gain of increased morale and attendance of students and staff by supporting healthy school environments with systems and resources that promote asthma management and control. Students whose asthma is in control have been shown to have improved attendance, grades and educational attainment as compared to those with uncontrolled asthma. Additionally, schools receiving recognition will benefit from the Georgia Asthma Control Program and its partners in the following ways:

- Schools will be listed in acknowledgement on the Georgia Department of Public Health Asthma Control Program webpage
- Schools will be listed in a quarterly statewide Georgia Asthma Coalition newsletter
- School will receive technical assistance for training and IAQ implementation through the Georgia Asthma Control Program and other partners

Applying for Recognition

Seeking recognition for your hard work is easy once asthma management processes are complete and in place. If you have questions about the recognition process, please feel free to e-mail dph-asthmaprogram@dph.ga.gov

Appendix A: Sample Asthma Action Plans

GREEN	**GREEN ZONE: No cough, wheeze, breathing faster or sucking in of the chest skin.** • Fully active. Quick relief medicine (med) _____ : _1 or 2_ puffs 15 minutes before exercise. • Medicine (med) to be taken every day: Inhaled steroid _____ : _____ puffs _____ times a day using a holding chamber with mask OR _____ ampules _____ times a day by mist machine. Other _____.	Action Plan based on total score of all 4 signs: **Cough:** None 0 Less than 1 per minute 1 1 - 4 per minute 2 More than 4 per minute 3 **Wheeze:** None 0 End of exhale 1 Throughout exhale 3 Inhale and exhale 5
HIGH YELLOW	**HIGH YELLOW ZONE: Total asthma sign score 1 to 4. Measure this before giving quick relief medicine**. • Avoid triggers. No hard exercise. • Meds to be taken: Quick relief med: _____. Give _____ puffs _____ to _____ times in 24 hours.* Keep treating with Green Zone meds as above. Add: _____ : _____. *Start the Low Yellow Zone plan if you need to give quick relief med six times in a day.	**Sucking in the chest skin:** None 0 Can hardly see 1 Easy to see 3 Severe 5 **Breathing faster:** None* 0 A little 1 Some 2 Double usual rate 3 *Use 25 breaths per minute until you learn your child's normal rate.
LOW YELLOW	**LOW YELLOW ZONE: Total asthma sign score 5 to 8.** • Give quick relief med _____ puffs using a holding chamber with mask **OR** one ampule by mist machine. Check your child's total signs score again after10 minutes. If it reaches the High Yellow Zone, follow that plan. Check the signs score every 1 to 2 hours. If the score stays in the Low Yellow Zone, or falls back into it in less than 4 hours, add: Oral steroid _____ mg, _____ cc right away. Give once daily until signs score, when not taking quick relief med, is _____ for at least 24 hours. Add: _____ : _____. Please call the office before starting oral steroid. **Your child should improve within two days and reach the green zone within five days. See your doctor if your child's progress is slower.**	
RED	**RED ZONE: Total asthma sign score 9 or more.** • Give quick relief med _____ puffs using a holding chamber with mask **OR** one ampule by mist machine. • Give oral steroid _____ mg, _____ cc right away. • Check your child's total asthma signs score again in 10 minutes. • If your child reaches the Low Yellow Zone, follow that plan. Check signs scores every 1 to 2 hours. • If your child is still in the Red Zone, or falls back into it in less than 4 hours, visit your doctor OR **GO TO THE E.R. RIGHT AWAY**.	

Regional Asthma Management and Prevention – Asthma Action Plan[13]

My Asthma Plan ENGLISH

Patient Name: _____

Medical Record #: _____

Provider's Name: _____ DOB: _____

Provider's Phone #: _____ Completed by: _____ Date: _____

Controller Medicines	How Much to Take	How Often	Other Instructions
		_____ times per day **EVERY DAY!**	❑ Gargle or rinse mouth after use
		_____ times per day **EVERY DAY!**	
		_____ times per day **EVERY DAY!**	
		_____ times per day **EVERY DAY!**	

Quick-Relief Medicines	How Much to Take	How Often	Other Instructions
❑ Albuterol (ProAir, Ventolin, Proventil) ❑ Levalbuterol (Xopenex)	❑ 2 puffs ❑ 4 puffs ❑ 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before excercise)	NOTE: If you need this medicine more than two days a week, call physician to consider increasing controller medications and discuss your treatment plan.

Special instructions when I am ● *doing well,* ● *getting worse,* ● *having a medical alert.*

GREEN ZONE

Doing *well.*

- No cough, wheeze, chest tightness, or shortness of breath during the day or night.
- Can do usual activities.

Peak Flow (for ages 5 and up): is _____ or more. (80% or more of personal best)

Personal Best Peak Flow (for ages 5 and up): _____

PREVENT asthma symptoms every day:

❑ Take my controller medicines (above) every day.

❑ Before exercise, take _____ puff(s) of _____

❑ Avoid things that make my asthma worse. (See back of form.)

YELLOW ZONE

Getting *worse.*

- Cough, wheeze, chest tightness, shortness of breath, or
- Waking at night due to asthma symptoms, or
- Can do some, but not all, usual activities.

Peak Flow (for ages 5 and up): _____ to _____(50 to 79% of personal best)

CAUTION. Continue taking every day controller medicines, AND:

❑ Take___puffs or___one nebulizer treatment of quick relief medicine. If I am not back in the *Green Zone* within 20-30 minutes take ___more puffs or nebulizer treatments. If I am not back in the *Green Zone* within one hour, then I should:

❑ Increase_____

❑ Add_____

❑ Call_____

❑ Continue using quick relief medicine every 4 hours as needed. Call provider if not improving in _____days.

RED ZONE

Medical Alert

- Very short of breath, or
- Quick-relief medicines have not helped, or
- Cannot do usual activities, or
- Symptoms are same or get worse after 24 hours in Yellow Zone.

Peak Flow (for ages 5 and up): less than _____(50% of personal best)

MEDICAL ALERT! Get help!

❑ Take quick relief medicine: _____puffs every _____minutes and get help immediately.

❑ Take _____

❑ Call _____

Danger! Get help immediately! Call 911 If trouble walking or talking due to shortness of breath or If lips or fingernails are gray or blue. For child, call 911 If skin is sucked in around neck and ribs during breaths or child doesn't respond normally.

Health Care Provider: My signature provides authorization for the above written orders. I understand that all procedures will be implemented in accordance with state laws and regulations. Student may self carry asthma medications: ❑ Yes ❑ No self administer asthma medications: ❑ Yes ❑ No (This authorization is for a maximum of one year from signature date.)

_____ _____

Healthcare Provider Signature Date

ORIGINAL (Patient) / CANARY (School/Child Care/Work/Other Support Systems) / PINK (Chart)

©2008, Public Health Institute (RAMP)

[13] Regional Asthma Management and Prevention, 2008. Retrieved from http://www.rampasthma.org/AAP/AAPenglish.pdf

SCHOOL AUTHORIZATION FORM **ENGLISH**

To be completed by Parent/Guardian and turned in to the school

AUTHORIZATION AND DISCLAIMER FROM PARENT/GUARDIAN: I request that the school assist my child with the asthma medications listed on this form, and the Asthma Action Plan, in accordance with state laws and regulations.

❑ **Yes** ❑ **No**.

My child may carry and self-administer asthma medications and I agree to release the school district and school personnel from all claims of liability if my child suffers any adverse reactions from self-administration of asthma medications:

❑ **Yes** ❑ **No**.

_____ _____

Parent/Guardian Signature Date

AUTHORIZATION FOR USE OR DISCLOSURE OF HEALTH INFORMATION TO SCHOOL DISTRICTS

Completion of this document authorizes the disclosure and/or use of individually identifiable health information, as set forth below, consistent with Federal laws (including HIPAA) concerning the privacy of such information. Failure to provide all information requested may invalidate this authorization.

USE AND DISCLOSURE INFORMATION:

Patient/Student Name: _____ / _____

Last First MI Date of Birth

I, the undersigned, do hereby authorize (name of agency and/or health care providers):

(1)_____ (2) _____ to provide health information from the above-named child's medical record to and from:

_____ _____

School or school district to which disclosure is made Address / City and State / Zip Code

_____ _____

Contact person at school or school district Area Code and Telephone Number

The disclosure of health information is required for the following purpose:

_____

Requested information shall be limited to the following: ❑ All health information; or ❑ Disease-specific information as described:

_____

DURATION:

This authorization shall become effective immediately and shall remain in effect until _____(enter date) or for one year from the date of signature, if no date entered.

RESTRICTIONS:

Law prohibits the Requestor from making further disclosure of my health information unless the Requestor obtains another authorization form from me or unless such disclosure is specifically required or permitted by law.

YOUR RIGHTS:

I understand that I have the following rights with respect to this Authorization: I may revoke this Authorization at any time. My revocation must be in writing, signed by me or on my behalf, and delivered to the health care agencies/persons listed above. My revocation will be effective upon receipt, but will not be effective to the extent that the Requestor or others have acted in reliance to this Authorization.

RE-DISCLOSURE:

I understand that the Requestor (School District) will protect this information as prescribed by the Family Equal Rights Protection Act (FERPA) and that the information becomes part of the student's educational record. The information will be shared with individuals working at or with the School District for the purpose of providing safe, appropriate, and least restrictive educational settings and school health services and programs.

I have a right to receive a copy of this Authorization. Signing this Authorization may be required in order for this student to obtain appropriate services in the educational setting.

APPROVAL: _____ _____ _____

Printed Name Signature Date

_____ _____

Relationship to Patient/Student Area Code and Telephone Number

Appendix B: Asthma School Policy Assessment

Asthma is a common chronic childhood illness and a major cause of student absences from Georgia schools. Students with poorly controlled asthma may have greater difficulty with schoolwork and a higher incidence of grade failure. Yet schools can help students control their asthma. The Georgia Asthma Control Program is interested in finding out about policies within your school that support asthma management.

Please provide responses to the following questions to the best of your knowledge about policies supporting asthma management within your school.

1. **Date**
   Date of completion ___/___/_____ (MM/DD/YYYY)

2. **Please provide the following information.**

   School District: _____

   School Name: _____
   Principal's Email Address: _____
   Principal's Phone Number: _____

3. **Title/Position:**
   ☐ School Principal
   ☐ School Nurse
   ☐ Other School Personnel (please specify) _____

4. **Total number of students in your school**

   _____

5. **How are asthma inhalers usually managed at your school? (Please select all that apply)**
   ☐ Students keep them ☐ Students hand them in to school official ☐ I don't know

6. **How familiar are you with Georgia Code 20-2-774 (Self-Administration of Asthma Medication)?**
   ☐ Very familiar ☐ Somewhat familiar ☐ Unfamiliar ☐ I don't know

7. **Are you aware of a medication policy or procedure in your school (or school system) that allows students to carry emergency asthma medication?**
   ☐ Yes ☐ No ☐ I don't know

8. Can you identify the location of a written policy or procedure in your school (or school system) that allows students to carry emergency asthma medication?

☐ Yes ☐ No ☐ I don't know

9. If yes, where is the written policy or procedure located? (e.g., Student/parent handbook, school website, district website, etc. If website, please indicate the website address) (Please enter N/A for 'No' or 'I don't know' responses above)

_____

10. Does your school have any of the following asthma related policies?

	Yes	No	I don't know
Asthma Friendly School Policy / School Asthma Policy			
100% Tobacco Free School Policy			
No Idling Zones (Buses Only)			
No Idling Zones (All Vehicles)			
Medication Policy (with details on asthma medications)			
Indoor Air Quality			
Healthy School Environment Policy			
Field Trip Medication Policy			
Integrated Pest Management			

11. Who is usually responsible for supervising the health of a student with asthma at your school?

☐ Teachers ☐ Principal ☐ School Health Personnel ☐ Parents ☐ I don't know

12. If a student has trouble breathing, what do you usually do? (Select all applicable responses)

☐ Call 911

☐ Contact student's doctor

☐ Contact student's parents

☐ Administer inhaler to student

☐ Allow student to self-medicate

☐ Send to school health personnel

☐ Send to principal's office

☐ Other (please specify) _____

13. School Nurses: Please provide the following information regarding students with asthma.

Number of students with asthma:	_____
Number of students with significant asthma morbidity (e.g. students with uncontrolled asthma that impacts health, education or quality of life):	_____
Number of weekly administration of asthma reliever medications:	_____
Number of annual EMS transports due to an asthma exacerbation:	_____
Number of students with Asthma Action Plans:	_____
Number of Asthma Action Plans distributed to parents:	_____
Number of Asthma Action Plans returned by parents:	_____

14. School Nurses: Who receives a copy of student Asthma Action Plans in your school?

	Yes	**No**	**I don't know**
School Nurse / School Health Personnel			
Teachers			
Principal			
Other School Personnel			

Appendix C: Action Plan Template

When working to complete a project such as implementing a policy or program goals, it is helpful to detail the action steps necessary for achieving the intended outcome. Below is a template that school health council members can use to detail their process steps.

Action Steps	Responsible Party	Resources Needed	Support Required	Timeframe (Start & end times)	Tracking Measures

Appendix D: Model Asthma Friendly School Policy

(Name of School District)		Policy Code:

A Model Comprehensive Asthma Friendly School Policy for School Districts in Georgia

The *(name of school district)* School Board recognizes that Asthma is chronic lung disease that cannot be cured, but can be controlled. Schools can help by adopting asthma-friendly policies and procedures; coordinating communication with physicians, school personnel, patients and families to better serve students with asthma; and providing asthma education for students and staff. Many schools in Georgia are already working to minimize the effects of asthma on students and school staff. Finally, the board recognizes that it has a legal authority and obligation pursuant to the Self-Administration of Asthma Medications law (O.G.C.A. § 20-2-774), and the School Stocking and Emergency Administration of Asthma Medications law (SB 126).

Asthma Friendly School Policy/School Asthma Policy (Core)

- **Asthma Awareness Education**
  Asthma Awareness education will be integrated into the school curricula.
- **Staff Training**
  Asthma related professional development training will be provided to school personnel. Schools will designate staff for a school health team.
- **School Surveillance**
  School will put procedures in place to identify students with significant asthma morbidity.
- **Asthma Medications**
  Individualized Asthma Action plans will be developed with collaboration of health care provider, parents and school health personnel. School health services will be provided to students with Asthma Action plans by qualified personnel. Each student's prescribed medication will be stored securely and correctly administered by trained school personnel in accordance with state law and written parent/guardian approval. Students deemed competent are allowed to possess and self-administer prescribed medications on school grounds and school functions (on and off school property).
- **Tobacco Use**
  Tobacco smoke will be eliminated from all school grounds, buildings, vehicles and school sponsored events at all times.

100% Tobacco Free School Policy

- **Tobacco Use Prohibited**
  The policy will provide a description of tobacco use including: individuals involved, products prohibited, time of day policy effective, locations and events.
- **Tobacco Products and Tobacco Use**
  The policy will provide an explanation of tobacco products and tobacco use under policy.
- **School Grounds and Property**
  The policy will provide an explanation of school grounds and property under policy.
- **Time of Day**
  The policy will provide an explanation of time of day as used in policy.

Legal Reference	Adopted on: *(Date)* Revised on:	Page 1 of 6

(Name of School District)		Policy Code:

100% Tobacco Free School Policy (*continued)*

- **Enforcement Procedures**
  The policy will describe the enforcement procedures for students, staff and visitors. The enforcement procedures will also address procedures for outdoor school sponsored events on campus grounds and School sponsored events off campus. The enforcement procedures will also detail a course of action for each offense for students, staff and visitors.
- **Opportunities for Cessation and Prevention Education**
  The policy will describe opportunities for cessation and prevention education.
- **Implementation**
  The policy will include procedures for implementation of the policy including effective date of the policy.

No Idling Zones

Buses Only

- Bus idling will be limited to 3-5 minutes during early morning warm up on all but coldest weather conditions.
- Bus idling will also be prohibited while waiting for students during fieldtrips and extracurricular activities.
- Schools will provide a bus warming station outside of the school zone during cold weather.
- Schools will provide drivers a place inside during cold weather to limit idling.
- Revised bus schedules to prevent caravanning and cleanest school buses assigned to longest routes

All Vehicles

- Drivers should turn off engines when loading and unloading students.
- Annual communication of policy with all drivers receiving a copy of the policy at the beginning of each school year.
- Service delivery drivers are require to turn off vehicles when making deliveries.

Medication Policy

- All medication will be accompanied by written instruction from healthcare provider.
- Request for administration of medication must be accompanied by written parent/guardian authorization (annually).
- All prescription medication must be in original labeled pharmacy container with written healthcare provider request for administration including: student name, medication name, qualified healthcare professional name, dosage and route of administration, date, time or indication of administration.
- Policy will describe the requirements for the delegation of medication administration in the absence of a school nurse.

Legal Reference	Adopted on: (Date) Revised on:	Page 2 of 6

(Name of School District)		Policy Code:

Medication Policy (*continued)*

- Policy will describe the procedures for receipt of student medication from adult other than parent/guardian.
- Students not allowed to carry medication while at school except for students with asthma or medications for life threatening conditions who have met self-administer requirements.
- Students are allowed to carry asthma medication if: written statement from healthcare provider (annually) specifying use and administration of medication; student is identified as qualified and able to self-administer medication by healthcare professional; and written parental permission for child to carry asthma medication.

Self-Administer Asthma Medication Policy [GA Code 20-2-774]

Schools must abide by this law, which authorizes:

- Students to carry and self-administer prescription Asthma medication who are identified as qualified to self-administer medication by physician.
- Students to carry and use medication while in school, at a school sponsored activity, while under supervision of school personnel or while in before-school or after-school care on school operated property.

Self-Administer Anaphylaxis (EpiPen) Medication [GA Code 20-2-776]

Schools must abide by this law, which authorizes:

- Students to carry and self-administer prescription auto injectable epinephrine who are identified as qualified to self-administer medication by physician, while at school, at school sponsored events, while under supervision of school personnel or while in before or after-school care.
- Requests for administration of auto-injectable epinephrine to be accompanied by written parent/guardian authorization (annually), which allows the school nurse or agent to consult with the physician and releases the school nurse or agent from civil liability.
- Schools to receive and store auto injectable epinephrine onsite on behalf of a student who is not able to self-administer medication if parent guardian provides a written statement from physician on use of medication and provides written release of school nurse or personnel to consult physician about medication and releases school of civil liability.
- School personnel to administer auto injectable epinephrine to student on actual or perceived anaphylactic reaction whether or not student has prescription.
- Education/training/information to be provided to school personnel on how to recognize the symptoms of anaphylactic shock and the correct method of administering the auto injectable epinephrine.

School Stocking and Emergency Administration of Asthma Medications Policy [Senate Bill 126]

This bill authorizes:

- Schools to acquire a stock a supply of albuterol/levalbuterol.
- School personnel to administer albuterol/levalbuterol to student or agent believed to be in respiratory distress whether or not student has prescription.

Legal Reference	Adopted on: (Date) Revised on:	Page 3 of 6

(Name of School District)		Policy Code:

School Stocking and Emergency Administration of Asthma Medications Policy [Senate Bill 126] (continued)

- School may designate a properly trained employee or agent to administer to medication students
- Relieving the school district and its employees from any liability (other than willful misconduct) for any injury to a student caused by this or her self-administration.
- Education/training/information to be provided to school personnel on how to recognize the symptoms of an asthma episode and the correct method of administering albuterol/levalbuterol.

Indoor Air Quality (IAQ) Policy

The policy will describe:

- The designation of an Indoor Air Quality Coordinator, who will be responsible for leading communication, developing and implementing plans, annual evaluations and inspections.
- The process of completing annual school building evaluations, which includes covering ventilation systems and other maintenance activities.
- The annual walkthrough inspections, which will cover functional spaces (classrooms, hallways, offices, kitchens exterior, roof, mechanical rooms, bathrooms, storage rooms and boiler rooms).
- The plan to address identified concerns/issues from evaluations and inspections.
- The annual review process of IAQ plan.
- Procedures for testing, handling exposure to, and disposing hazardous materials (e.g. Mercury, Asbestos, Lead, Radon).
- Prohibition of tobacco use on school grounds and in school buildings.
- Procedures for addressing animals in school buildings.
- An integrated pest management (IPM) policy.
- Routine moisture inspections and the plan for mold remediation.
- Procedures to address and limit school bus idling.
- Routine and regular maintenance and inspection of HVAC systems, as well as routine cleaning, adjustment and repair of building structures.
- Considerations or instructions for the use of cleaning agents.
- Details for the establishment and maintenance of a chemical management and improvement plan.
- Annual communication to parents and staff on IAQ plan.
- Contact information for the IAQ Coordinator.
- Annual training for staff to maintain on elements of IAQ; animals, food, chemicals, idling, maintenance, etc.

Legal Reference	Adopted on: (Date) Revised on:	Page 4 of 6

(Name of School District)		Policy Code:

Healthy School Environment Policy

The policy will include:

- Healthy Learning Environment plan, which will include: assessment of environmental factors that impact student learning or health; plan for storage, use and disposal of cleaning agents and other hazardous chemicals; procedures for minimizing exposure to exhaust from vehicles; procedures for daily monitoring of outdoor air quality; mechanisms to resolve hazardous chemical exposure or water problems; action steps, strategies and long-term goals to address identified concerns/issues.
- A statement on considerations for products/procedures to follow for newly constructed or renovated buildings.
- A description of the prohibition of tobacco use for students, staff and visitors on school grounds or sponsored event; prohibition of tobacco sponsored items; notification of prohibition of tobacco products through written channels available to all impacted.
- Procedures for the allowance or prohibition of animals and birds.
- An integrated pest management (IPM) policy.
- A statement addressing outdoor air pollution including: the use of Air Quality Index (AQI) and action steps/instructions for at least AQI codes orange, red and purple.
- A statement addressing diesel school bus exhaust; limiting or eliminating bus idling and utilizing exhaust reduction equipment or purchasing low emission vehicles.

Field Trip Medication Policy

The policy ensures:

- School nurses or agents will be advised in advance about field trips to prepare medications.
- School nurses or agents will prepare a pack of student medications for each teacher.
- A registered nurse or trained staff member will accompany field trip if student medical/ medication requirements cannot be met through delegation.
- Student may carry emergency medication if forms received indicate student ability to self-administer medication.
- Students requiring emergency medication administered by school nurse should ride on same bus.

Integrated Pest Management (IPM) Policy

Policy will include:

- The designation of an Integrated Pest Management (IPM) Coordinator to carry out program and maintain data sheet of pesticide use and applications.
- A plan to communicate with staff and parents/guardians about the IPM program, list of pesticides/bait stations that may be used in the schools and includes contact information for IPM Coordinator.
- Procedures for emergency pesticide application when there is evidence of an immediate threat to health and safety of students with notification within 24 hours after application.
- A description of pesticides that are prohibited on school grounds or within a school building while students are present or within seven (7) hours prior to normal instruction or extracurricular activities
- The development and maintenance of a pesticide notification list with notification 24 hours prior to application.
- Approval by the Department of Agriculture.

Legal Reference	Adopted on: (Date) Revised on:	Page 5 of 6

(Name of School District)		Policy Code:

Procedures for Implementation

The policy will go into effect *(Date policy will go into effect*). The administration will develop a plan for communicating the policy that will include information in student and employee handbooks, announcements at school-sponsored or school-related events and appropriate signage (as mentioned above) in buildings and around campus. Other methods will be identified for notifying students, employees and parents about this policy.

Legal Reference	Adopted on: (Date) Revised on:	Page 6 of 6

Appendix E: Asthma Education Resources

Classroom Curriculum

Asthma Awareness: Curriculum for the Elementary Classroom (Grades K-6)

- Sponsor: National Heart, Lung, and Blood Institute
- Location: www.nhlbi.nih.gov/health/prof/lung/asthma/school/index.htm

Open Airways (Grades K-5)

- Sponsor: American Lung Association
- Location: www.lungusa.org

Environmental Health Sciences Education (Grades 7-12)

- Sponsor: National Institute of Environmental Health Sciences
- Location: www.niehs.nih.gov/health/scied/

Resources for Staff

Administrators: Asthma Wellness: Keeping children with asthma in school and learning

- Sponsor: School Governance and Leadership
- Location: www.aasa.org/uploadedFiles/Resources/files/SGL_spring03.pdf

Creating an Asthma Friendly School

- Sponsor: Centers for Disease Control and Prevention
- Location: http://www2c.cdc.gov/podcasts/player.asp?f=8684

Foundations of Asthma Management

- Georgia Asthma Control Program
- Available: In-person only (contact DPH-asthmaprogram@dph.ga.gov)

School nurses: Position papers and issue briefs on the role of school nurse in asthma management

- Sponsor: National Association of School Nurses
- Location: www.nasn.org

Physical Education: Asthma and Physical Activity in the School

- Sponsor: National Heart, Lung & Blood Institute/National Asthma Education and Prevention Program
- Location: http://www.nhlbi.nih.gov/health-pro/resources/lung/managing-asthma-guide-schools-2014-edition-html#physical-education-teachers

School Tools: Asthma and Allergy Resources for Professionals

- Sponsor: American Academy of Asthma Allergy and Immunology
- Location: www.aaaai.org/professionals/school_tools.stm

Asthma Friendly Schools Initiative

- Sponsor: American Lung Association
- Location: www.lungusa.org/lung-disease/asthma/in-schools/asthma-friendly-schools

Resources for Parents/Guardians

Allergy and Asthma Network Mothers of Asthmatics

- Location: www.aanma.org

American Lung Association

- Location: www.lungusa.org

Asthma and Allergy Foundation of America

- Location: www.aafa.org

Appendix F: Sample No Bus Idling Policy

Guidelines for the Elimination of Unnecessary School Bus Idling January 30, 2009[14]

Children are exposed to diesel fumes when getting on and off of school buses and even while on board when engines are running. Diesel exhaust from idling buses accumulates in and around school yards and if air intake vents are near the bus area, even the air inside the school building can become affected and pose health risks to children and teachers during the day.

The following school bus idling guidelines are provided by the Georgia Department of Education Pupil Transportation Division which recognizes the important role of the school bus driver as a professional who is responsible for the safety and security of children. Our Georgia school bus drivers safely transport over one million passengers each morning and again each afternoon. We now know that their actions regarding the elimination of unnecessary idling of their school bus are another important safety sensitive function of their job. Implementation of the following guidelines is an easy way to protect the driver's health, the health of student riders and the possible health of children and teachers inside schools. Additionally, an elimination of unnecessary idling saves money by reducing fuel consumption, reducing wear and tear on engines and improving air quality. Please note that the guidelines include necessary exceptions to accommodate special operational issues.

It is essential that implementation of these guidelines be completed no later than December 31, 2009 by all of Georgia's school system transportation departments. In order to assist the local school systems in both their implementation and in ensuring compliance among their drivers, the GaDOE Pupil Transportation Division will assist in the following ways:

1. Your consultant will discuss these driver/fleet operational guidelines and answer any questions at your next RESA meeting.
2. This will be one of the programs presented to all of your school bus drivers, by your consultant at the 2009 Driver Safety Renewal Education Program.
3. Training will be given at this year's Instructor/Trainer Workshop and an electronic copy of a Power Point with recorded narrative will be supplied in order that this important training is also provided to all new drivers.

[14] Guidelines for the Elimination of Unnecessary School Bus Idling, 2009. Georgia Department of Education.

ACTIONS TO ELIMINATE UNNECESSARY IDLING

1. **Morning Delivery** in school loading/unloading zones - **NO IDLING ZONE**
    a. Drivers should cut off engine ASAP
        i. Lift bus drivers may need to leave the engine running if loading or unloading a wheel chair
        ii. Special needs bus drivers may need to idle for heat or air conditioning to accommodate a medically fragile student
    b. Driver should not start engine again until a check for students and belongings is completed and driver is ready and it is clear to depart (keep radio on for communication)

2. **Afternoon Pick-Up** in school loading/unloading zones - **NO IDLING ZONE**
    a. Drivers should cut off engine as ASAP (keep radio on for communication)
        i. If this is driver's 2nd load then be sure to check for students and belongings upon arrival
    b. If the school is designed for angle parking, then utilization in the afternoon will place the exhaust further away from student walk paths and the school
    c. In cold weather the school may permit drivers to enter the school and go to a designated location to stay warm
        i. Remember to respect the educational environment
    d. OR in cold weather drivers may congregate on one bus (for health and safety) and keep only one engine running while waiting for P.M. dismissal
        i. If drivers gather on one bus be sure the bus is well away from the school and any school building air intakes
    e. Drivers MUST ensure that they are back on their bus prior to dismissal
    f. Driver should not start engine again until driver is ready and it is clear to depart

3. **Field & Athletic Trip** destinations - **NO IDLING ZONE**
    a. Drivers should not idle while waiting for students during field or athletic trips
        i. Exception would be for driver/student health and safety under extreme temperature conditions (see #5, "Exceptions", item "c")
            1. Minimize idling under these conditions and move the bus to a position well away from the school/building where possible
                a. When idling is required to warm or cool the bus if the driver is required to stay with the bus for security reasons
                b. When idling is required to warm or cool the bus prior to departure

4. **Pre-Trip Inspection**
    a. Drivers should keep idling to a minimum
        i. Limit to the time required for inspecting the bus and the equipment on the bus
            1. No more than 8 to 10 minutes (see #5, "Exceptions", item "c")
        ii. Drivers should not routinely start and unnecessarily leave the bus running

5. **Exceptions** - Provided all reasonable steps are taken to minimize idling, the following exceptions apply:
    a. Idling is sometimes required in freezing weather
        i. For deicing the windshield
        ii. Or to thaw air brake lines
    b. Idling may be necessary for passenger and driver health and safety
        i. If the outside temperature is 32 degrees Fahrenheit or below, then idling MAY be required for adequate heat
        ii. If the outside temperature is 75 degrees Fahrenheit or more, and the climate inside the bus is unsafe, then idling COULD be required for adequate cooling (not to be abused).
            1. BUT the lowering of windows and other measures to minimize or eliminate idling at these warm weather temperatures is highly desired (preferred method).
        iii. Recommend that idling take place outside the school zone in the afternoon (where possible) if there is a requirement to maintain a safe and healthy temperature
            1. In this case you would enter the school zone just prior to dismissal and shut off the engine
    c. Extended idling may also be required for cold weather fleet start-up
        i. If the outside temperature is 20 degrees Fahrenheit or below

Georgia's 18,000 school bus driver's actions to eliminate unnecessary idling can make a significant impact. Collectively, they can make a huge difference in creating a healthier and cleaner environment and in protecting THEIR health and the health of THEIR STUDENTS. **Remember - under all conditions, including the exceptions noted, eliminate any unnecessary idling.**