

GEORGIA ASTHMA FRIENDLY SCHOOLS

Toolkit and Recognition Guidance



Acknowledgements

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

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Introduction and Background

Schools are an important venue for promoting health and wellness. In 2019, more than 1.7 million students were enrolled in Georgia public schools and approximately 118,124 teachers provided academic instruction for at least 180 school days¹. 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 comprehensive asthma friendly school procedures and policies 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 the Whole School, Whole Community, Whole Child model and implementation.
- Model asthma friendly school procedures and policies.
- Appendices containing tools, websites and resources that may help schools achieve an asthma friendly school environment and best practices in programming, policy, and systems change.

Schools are advised to incorporate the following components to support an Asthma Friendly environment:

- Asthma Awareness Education
- Staff Training
- Procedures for Identifying Students with Asthma
- Asthma Medications Policies
- Tobacco Use Prevention Policies
- Integrated Pest Management
- Physical Activity Opportunities
- Indoor and Outdoor Air Quality Monitoring

¹ Quick facts about Georgia Public Education, 2019. Georgia Department of Education. Available at: <https://www.gadoe.org/External-Affairs-and-Policy/communications/Documents/Quick%20Facts%202018-2019.pdf>

Overview of the Burden of Asthma in Georgia's Schools

State of Georgia²



Estimated total population (2018):
10,519,475



Estimated percent of youth under 18 years of age (2018):
2,524,674
(23.8 percent of total population)

Asthma among Georgia Youth

Percentage of school aged children with current asthma (2018)⁵:
12 percent (260,000)

Emergency Room and Hospitalization charges among children due to asthma (2018)⁶:
\$67.5 million and \$41.6 million, respectively

Georgia School District Information³

Total number of school systems:
212

Total number of schools:
2,302

Total enrollment in public schools, (2018-19):
1,759,838



Percentage of Middle and High Schools that identify and track students with chronic conditions that may require daily or emergency management⁴: **95.7**



Percentage of Middle and High Schools that have protocols that ensure students identified with a chronic condition that may require daily or emergency management are enrolled into private, state, or federally funded insurance programs if eligible⁴: **64.1**



Percentage of Middle and High Schools that provide students with referrals to community-based medical care providers for students identified with chronic conditions or at risk for activity, diet, and weight-related chronic conditions⁴: **48.0**

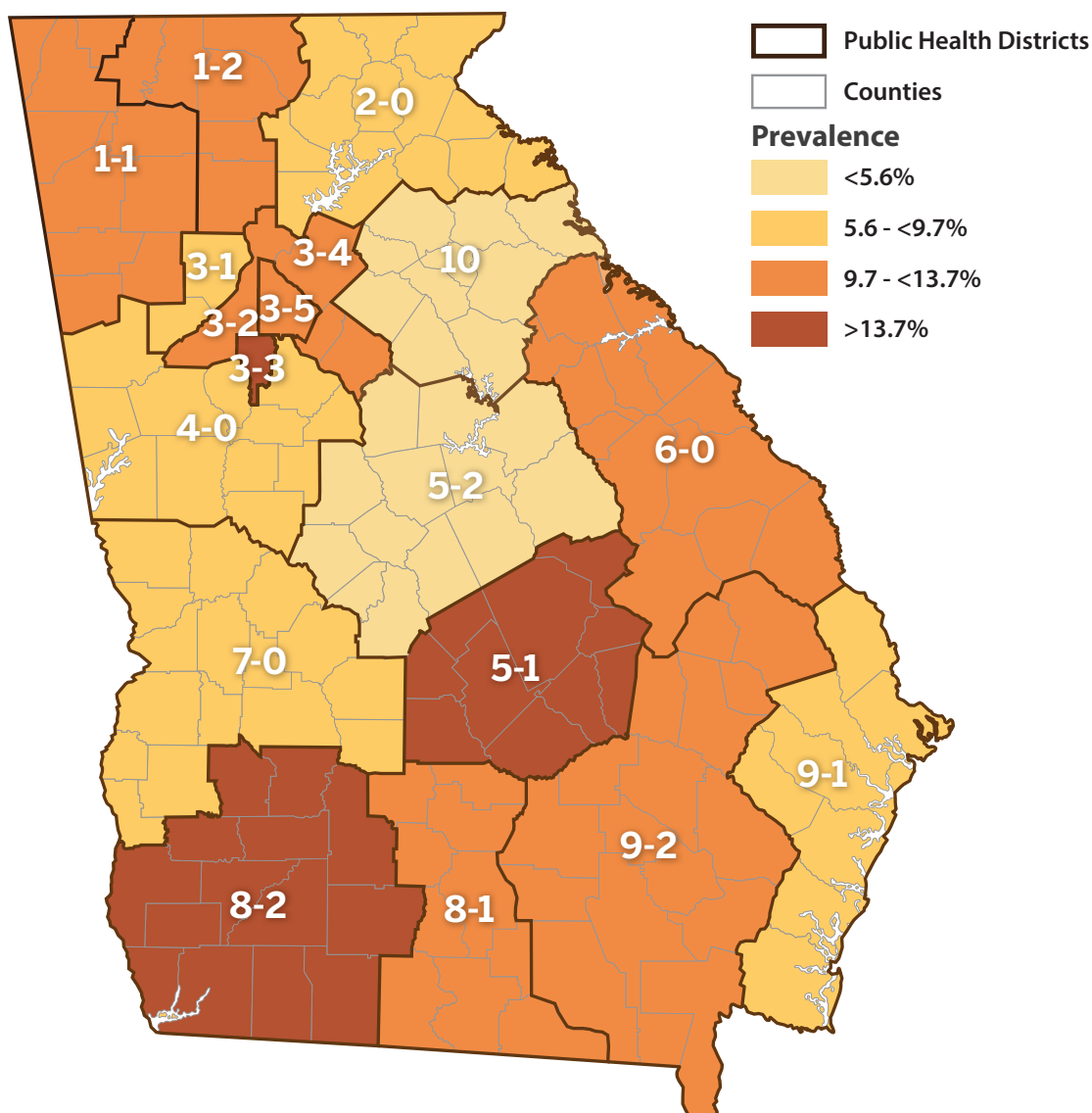
² 2019 data from the U.S. Census. Available online at <https://www.census.gov/quickfacts/GA>

³ Quick facts about Georgia Public Education, 2019. 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, 2018. Georgia Department of Public Health. Available online at <https://dph.georgia.gov/shps>

⁵⁻⁶ 2020 Georgia Data Summary | Asthma in Children. <https://dph.georgia.gov/asthma-surveillance>

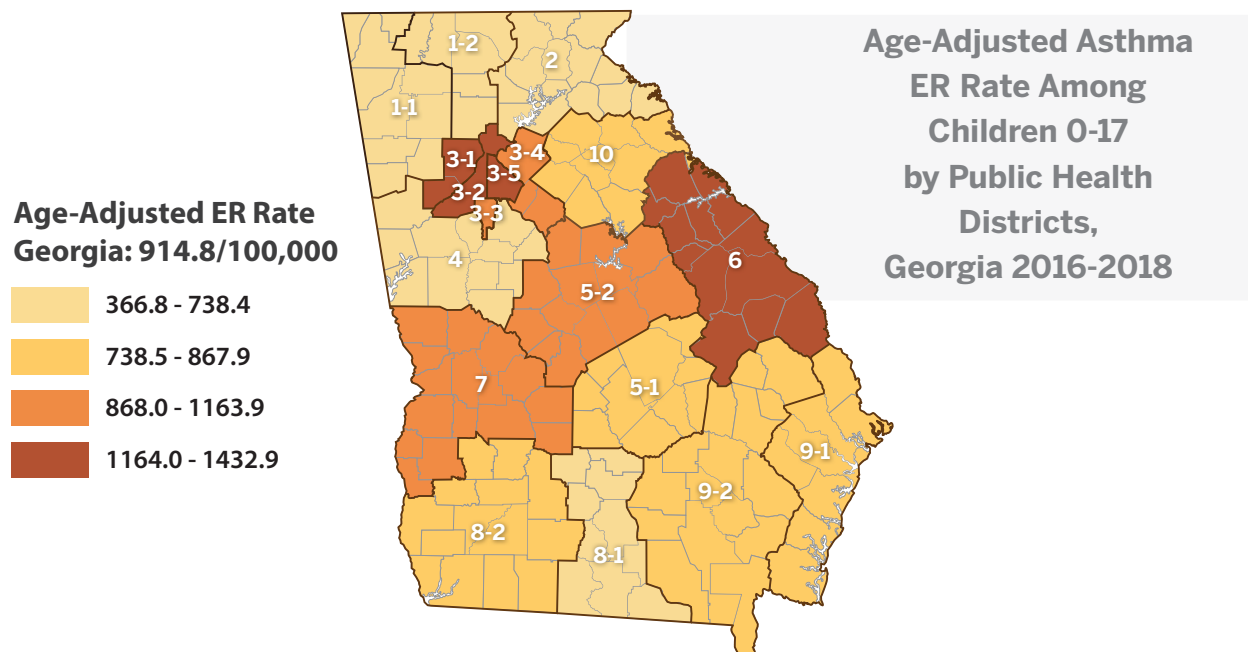
Figure 1. Asthma Prevalence among Children Ages 0-17, by Public Health District



Health Districts in Georgia

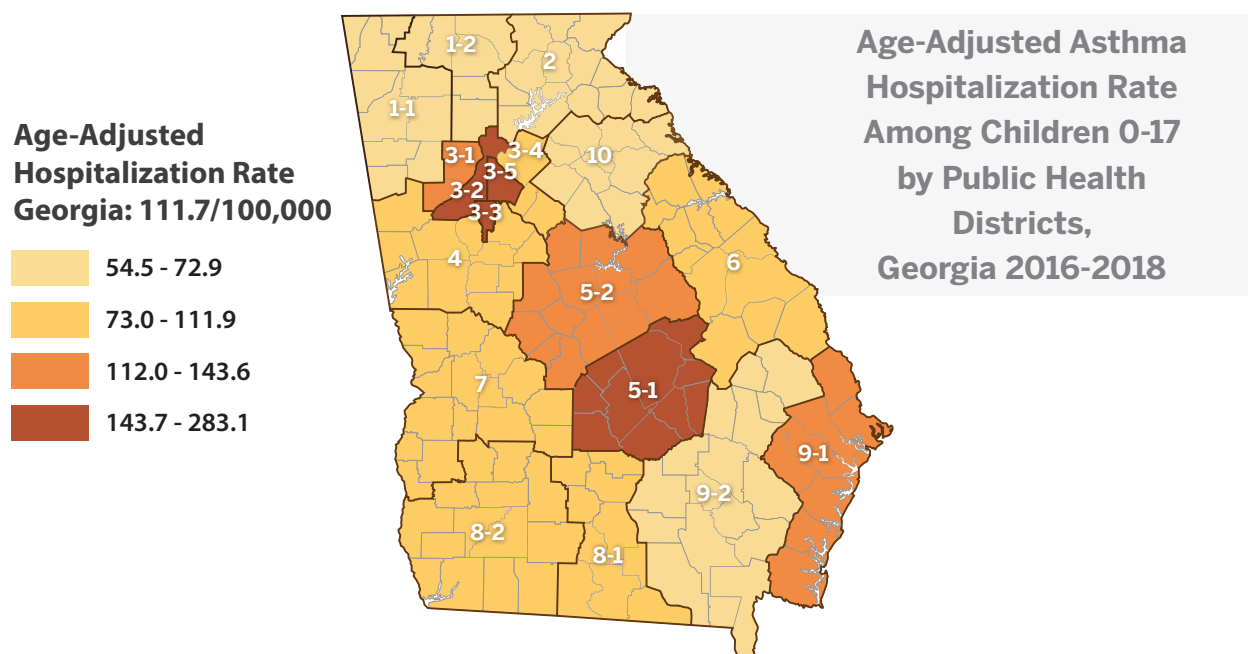
1-1	Northwest (Rome)	4	LaGrange
1-2	North Georgia (Dalton)	5-1	South Central (Dublin)
2	North (Gainesville)	5-2	North Central (Macon)
3-1	Cobb/Douglas	6	East Central (Augusta)
3-2	Fulton	7	West Central (Columbus)
3-3	Clayton (Jonesboro)	8-1	South (Valdosta)
3-4	East Metro (Lawrenceville)	8-2	Southwest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

Figure 2. Asthma-related Emergency Room (ER) Visits Among Children Ages 0-17, by Public Health District, 2016-2018



Author: Andrenita West, MPH Epidemiologist Chronic Disease, Healthy Behaviors and Injury Epidemiology Section
Data Source: Georgia Hospital Discharge Data Office of Health Information and Planning Accessed August 6, 2020

Figure 3. Asthma-related Hospitalizations Among Children Ages 0-17, by Public Health District, 2016-2018



Author: Andrenita West, MPH Epidemiologist Chronic Disease, Healthy Behaviors and Injury Epidemiology Section
Data Source: Georgia Hospital Discharge Data Office of Health Information and Planning Accessed August 6, 2020

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 a student or agent perceived to be experiencing an anaphylactic reaction whether or not student has a 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 self-administration.

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



In 2021, the School-Based Allergies and Asthma Management Program Act (H.R.-2468) was passed, authorizing the following:

Encourages states to improve allergy and asthma care in schools by giving preference for federal grants to states that adopt certain management programs and policies.

Allow states to earn financial rewards for putting the following in place:

- Methods to identify all students who have allergies or asthma
- Create individual student action plans
- Require school nurses or on-site trained staff during operating hours to administer medicines for both asthma and allergies
- Asthma and allergy training education for school staff
- Efforts to reduce indoor asthma and allergy triggers
- Coordinate management of care with families and health care providers

Whole School, Whole Community, Whole Child (WSCC model)

Figure 4. WSCC Model



Whole School, Whole Community, Whole Child (WSCC)⁸ is the Centers for Disease Control and Prevention framework for supporting connections between health and academic achievement and the importance of evidenced-based school policies and practices. The ten components of the Whole School, Whole Community, Whole Child model include: physical education and physical activity, nutrition environment and services, health education, social and emotional school climate, physical environment, health services, counseling, psychological and social services, employee wellness, community involvement, family engagement. Figure 4 provides a visual summary of the ten WSCC 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 Whole School, Whole Community, Whole Child model is aligned with the School Health Index and can be used as an online tool, or a downloadable, printable version. School wellness councils or health teams can choose to do one module at a time or take on all ten modules simultaneously.

Managing asthma takes teamwork. School procedures supportive of partnerships contain the following: (1) outreach to families, (2) asthma management training for teachers and staff, (3) good communication among medical providers, 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 where appropriate.

⁸ Whole School, Whole Community, Whole Child (WSCC model). Centers for Disease Control and Prevention.

⁹ Available online at <https://www.cdc.gov/healthyschools/wsc/index.htm>

Model Comprehensive Asthma Friendly School Procedures

This section details model comprehensive asthma friendly school procedures. Good school health procedures 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 2020, the Georgia Asthma Control Program, along with the Schools and Childcare Workgroup redeveloped a framework of Georgia's Comprehensive Asthma Friendly School Procedures to reflect the following four domains:

- Build Asthma Education
- Asthma Management and School Health Services
- Provide a Healthy School Environment
- Medication Policies and Comprehensive Asthma Procedures

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 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 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 and families

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.

Asthma Education Resources

- [AMERICAN LUNG ASSOCIATION'S ASTHMA BASICS FREE ONLINE COURSE](http://American Lung Association's Asthma Basics Free Online Course)
<http://American Lung Association's Asthma Basics Free Online Course>
- [AMERICAN LUNG ASSOCIATION'S KICKIN' ASTHMA](http://American Lung Association's Kickin' Asthma)
<http://American Lung Association's Kickin' Asthma>
- [AMERICAN LUNG ASSOCIATION'S OPEN AIRWAYS FOR SCHOOLS](http://American Lung Association's Open Airways for Schools)
<http://American Lung Association's Open Airways for Schools>

ASTHMA MANAGEMENT AND 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 quick-reliever 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 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 the 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.

PROVIDE A HEALTHY SCHOOL ENVIRONMENT

100% Tobacco Free Environment

Tobacco Use Prohibited

No student, staff member or school visitor is permitted to use any tobacco product, including the use of an e-cigarette, at any time, including non-school hours, 24 hours per day, seven days per week:

- In any building, facility or vehicle owned, leased, rented or chartered by the (Name of School District) Schools;
- On any school grounds and property – including athletic fields and parking lots — owned, leased, rented or chartered by (Name of School District) Schools; or
- At any school-sponsored or school-related event on-campus or off-campus.

In addition, no student is permitted to possess a tobacco product. The 100% tobacco free school policy may permit tobacco products to 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

“Tobacco product” is defined to include cigarettes, e-cigarettes, cigars, cigarillos, blunts, bidis, pipes, chewing tobacco, snuff, vaping products and any other items containing or reasonably resembling tobacco or tobacco products. “Tobacco use” includes smoking, chewing, dipping, use of electronic nicotine delivery systems or other combustible 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 screening, 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. Law enforcement officers may be contacted to escort the person off the premises or cite the person for trespassing if the person refuses to leave the school property. In the case of a violation within the building of a school, the person is in violation of the Georgia Smokefree Air Act of 2005 (O.C.G.A. 31-2a-1 et seq.) and the federal Pro-Children's Act (Title X of Public Law 103-227) and subject to a fine.

Opportunities for Cessation

The administration will consult with the county health department and other appropriate health organizations to provide students and school staff 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.



Tobacco Free Schools Resources

[GEORGIA DEPARTMENT OF PUBLIC HEALTH:](#)

dph.georgia.gov/tobacco-free-places/schools

[GEORGIA TOBACCO QUIT LINE:](#)

dph.georgia.gov/chronic-disease-prevention/tobacco/ready-quit

[AMERICAN LUNG ASSOCIATION:](#)

www.lung.org/quit-smoking/helping-teens-quit/not-on-tobacco

[COORDINATED APPROACH TO CHILD HEALTH:](#)

catchinfo.org/modules/e-cigarettes/

[TRUTH INITIATIVE:](#)

truthinitiative.org/curriculum

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.

Indoor and Outdoor Air Quality

Indoor



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.

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.

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 principles:

- 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 are much less than the expense and effort to solve problems after they develop.

Outdoor: Managing Student's Exposure to Outdoor Air Pollution



For more information visit:
www.epa.gov/dera/rebates

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.

In partnership with the Environmental Protection Agency, The Diesel Emissions Reduction Act (DERA) Program funds grants and rebates that protect human health and improve air quality by reducing harmful emissions from diesel engines. DERA allows EPA to offer school bus rebates in addition to grants to reduce harmful emissions from older, dirtier diesel vehicles. The application period begins in the fall of each year.

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)

Indoor/Outdoor Air Quality Resources

[IDLE-FREE SCHOOLS TOOLKIT](http://www.epa.gov/schools/idle-free-schools-toolkit-healthy-school-environment)

www.epa.gov/schools/idle-free-schools-toolkit-healthy-school-environment

[MANAGING ASTHMA IN THE SCHOOL ENVIRONMENT](http://www.epa.gov/iaq-schools/managing-asthma-school-environment)

www.epa.gov/iaq-schools/managing-asthma-school-environment

[CREATING HEALTHY INDOOR AIR QUALITY IN SCHOOLS](http://www.epa.gov/iaq-schools)

www.epa.gov/iaq-schools

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 quick-relief 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 action plan.

Resources to Help Manage Physical Education and Activity

[PHYSICAL ACTIVITY AND ASTHMA](#)

[**www.epa.gov/iaq-schools**](http://www.epa.gov/iaq-schools)

Asthma Friendly School Recognition

To support students with asthma, the Georgia Asthma Control Program has created a voluntary, tiered Asthma Friendly Schools Recognition process. With the goal to improve student health, decrease missed school days due to asthma and improve academic achievement, adopting procedures and policies that increase best practices in asthma will help to reduce asthma triggers in the school environment and keep students healthy.

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 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 statewide newsletters through DPH and other partners
- School will receive asthma related technical assistance, training and resources through the Georgia Asthma Control Program and other partners



Georgia Asthma Friendly Schools Designation Tiers

Tier I – Asthma Education

1. Identify an asthma champion and create an asthma leadership team. This team may align with an existing school health or wellness team.
2. Offer asthma education for ALL staff at least once per year including general asthma education and continuing education hour opportunities for nurses and school health staff.
3. Provide asthma education materials to caregivers of students with asthma (may also include smoking cessation information) at least once per year.
4. Provide physical education and activity opportunities for students with asthma and include physical education teachers in general asthma education opportunities. GACP will provide resources related to asthma education and management, communication guides, notice of CEU opportunities and technical assistance.

Tier II – Asthma Management

(All Tier I in addition to 5–8 below)

5. Provide asthma management support by identifying students with asthma, using asthma action plans for all students with asthma, communicating with parents and providing resources and medical referrals when necessary.
6. Encourage students to self-carry asthma medications. (GA Senate Bill 472)
7. Create and communicate standard emergency protocols to staff, parents and students.
8. Offer asthma self-management education opportunities to all students with asthma at least once per year.

GACP will provide asthma action plan templates, sample language to promote Senate Bill 472, sample emergency protocol language, provide a list of AS-ME opportunities and linkages to facilitator opportunities for training.

Tier III – Healthy School Environment Procedures

(All Tier I, II in addition to 9–11 below)

9. Adopt a 100% tobacco free policy including providing tobacco education to school nurses and staff.
10. Develop Asthma Friendly classroom procedures (including but not limited to asthma triggers such as animals, food, painting, diffusers, indoor air quality etc.).
11. Develop outdoor air quality procedures including no-idling practices for all vehicles and outdoor air monitoring.

GACP will provide policy and procedure templates and sample documents from GACP and external partners, link school districts to outside funding opportunities to replace or retrofit outdated school buses.



Tier IV – Medications and Comprehensive Asthma Procedures

(All Tier I, II, III in addition to)

12. Stock albuterol and other lifesaving medications (Senate Bill 126).
13. Create a comprehensive asthma procedure for the school district signed by the superintendent and GACP.

GACP will provide linkage to training opportunities from the Georgia Asthma Coalition to support implementation of Senate Bill 126 and asthma care in school settings and will provide sample policy language and documents to support a comprehensive policy.

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-asthma@dpdph.ga.gov.

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 should¹¹:

- 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/

Alliance for a Healthier Generation Action Center
<https://www.healthiergeneration.org/take-action/schools>

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.

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

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 periodic 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 importantly, 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 generate 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.
- 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.

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

Appendix A: Sample Asthma Action Plan

Provider Instructions

At initial presentation, determine the level of asthma severity

- Level of severity is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.

At subsequent visits, assess control to adjust therapy

- Level of control is determined by both impairment and risk and is assigned to the most severe category in which any feature occurs.
- Address adherence to medication, inhaler technique, and environmental control measures.
- Sample patient self-assessment tools for asthma control can be found at <http://www.asthmacontrol.com/index.html> and <http://www.asthmacontrolcheck.com>

Stepwise approach for managing asthma:

- Therapy is increased (stepped up) if necessary and decreased (stepped down) when possible as determined by the level of asthma severity or asthma control.

Asthma severity and asthma control include the domains of current impairment and future risk.

Impairment: frequency and intensity of symptoms and functional limitations the patient is currently experiencing or has recently experienced.

Risk: the likelihood of either asthma exacerbations, progressive decline in lung function (or, for children, reduced lung growth), or risk of adverse effects from medication.

ASTHMA MANAGEMENT RECOMMENDATIONS:

- Ensure that patient/family receive education about asthma and how to use spacers and other medication delivery devices.
- Assess asthma control at every visit by self-administered standardized test or verbal history.
- Perform spirometry at baseline and at least every 1 to 2 years for patients ≥ 5 years of age.
- Update or review the Asthma Action Plan every 6 to 12 months.
- Perform skin or blood allergy tests for all patients with persistent asthma.
- Encourage patient/family to continue follow-up with their clinician every 1 to 6 months even if asthma is well controlled.
- Refer patient to a specialist if:
 - there are difficulties achieving or maintaining control
 - OR
 - step 4 care or higher is required (step 3 care or higher for children 0-4 years of age)
 - OR
 - immunotherapy or omalizumab is considered
 - OR
 - additional testing is indicated
 - OR
 - if the patient required 2 bursts of oral systemic corticosteroids in the past year or a hospitalization.

HOW TO USE THE ASTHMA ACTION PLAN:

Top copy (for patient):

- Enter specific medication information and review the instructions with the patient and/or family.
- Educate patient and/or family about factors that make asthma worse and the remediation steps on the back of this form.
- **Complete and sign the bottom of the form and give this copy of the form to the patient.**

Middle copy (for school, childcare, work, etc):

- Educate the parent/guardian on the need for their signature on the back of the form in order to authorize student self-carry and self-administration of asthma medications at school and also to authorize sharing student health information with school staff.
- **Provide this copy of the form to the school/childcare center/work/caretaker or other involved third party. (This copy may also be faxed to the school, etc.)**

Bottom copy (for chart):

- **File this copy in the patient's medical chart.**

FOR MORE INFORMATION:

To access the August 2007 full version of the NHLBI Guidelines for the Diagnosis and Treatment of Asthma (EPR-3) or the October 2007 Summary Report, visit <http://www.nhlbi.nih.gov/guidelines/asthma/index.htm>.

My Asthma Plan

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!	<input type="checkbox"/> 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
<input type="checkbox"/> Albuterol (ProAir, Ventolin, Proventil) <input type="checkbox"/> Levalbuterol (Xopenex)	<input type="checkbox"/> 2 puffs <input type="checkbox"/> 4 puffs <input type="checkbox"/> 1 nebulizer treatment	Take ONLY as needed (see below — starting in Yellow Zone or before exercise)	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*.

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.)

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.

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)

Controlling Things That Make Asthma Worse

SMOKE

- Do not smoke. Attend classes to help stop smoking.
- Do not allow smoking in the home or car. Remaining smoke smell can trigger asthma.
- Stay away from people who are smoking.
- If you smoke, smoke outside.

DUST

- Vacuum weekly with a vacuum with a high efficiency filter or a central vacuum. Try to make sure people with asthma are not home during vacuuming.
- Remove carpet if possible. Wet carpet before removing and then dry floor completely.
- Damp mop floors weekly.
- Wash bedding and stuffed toys in hot water every 1-2 weeks. Freeze stuffed toys that aren't washable for 24 hours.
- Cover mattresses and pillows in dust-mite proof zippered covers.
- Reduce clutter and remove stuffed animals, especially around the bed.
- Replace heating system filters regularly.

PESTS

- Do not leave food or garbage out. Store food in airtight containers.
- Try using traps and poison baits, such as boric acid for cockroaches. Instead of sprays/bombs, use baits placed away from children, such as behind refrigerator.
- Vacuum up cockroach bodies and fill holes in with caulking or copper wool.
- Fix leaky plumbing, roof, and other sources of water.

MOLD

- Use exhaust fans or open windows for cross ventilation when showering or cooking.
- Clean mold off hard surfaces with detergent in hot water and scrub with stiff brush or cleaning pad, then rinse clean with water. Absorbent materials with mold may need to be replaced.
- Make sure people with asthma are not in the room when cleaning.
- Fix leaky plumbing or other sources of water or moisture.

ANIMALS

- Consider not having pets. Avoid pets with fur or feathers.
- Keep pets out of the bedroom of the person with asthma.
- Wash your hands and the hands of the person with asthma after petting animals.

ODORS/SPRAYS

- Avoid using strongly scented products, such as home deodorizers and incense, and perfumed laundry products and personal care products.
- Do not use oven/stove for heating.
- When cleaning, keep person with asthma away and don't use strong smelling cleaning products.
- Avoid aerosol products.
- Avoid strong or extra strength cleaning products.
- Avoid ammonia, bleach, and disinfectants.

POLLEN AND OUTDOOR MOLDS

- Try to stay indoors when pollen and mold counts are high.
- Keep windows closed during pollen season.
- Avoid using fans; use air conditioners.

COLDS/FLU

- Keep your body healthy with enough exercise and sleep.
- Avoid close contact with people who have colds.
- Wash your hands frequently and avoid touching your hands to your face.
- Get an annual flu shot.

WEATHER AND AIR POLLUTION

- If cold air is a problem, try breathing through your nose rather than your mouth and covering up with a scarf.
- Check for Spare the Air days and nights and avoid strenuous exercise at those times.
- On very bad pollution days, stay indoors with windows closed.

EXERCISE

- Warm up before exercising.
- Plan alternate indoor activities on high pollen or pollution days.
- If directed by physician, take medication before exercise. (See Green Zone of Asthma Action Plan.)

For information on the relationship between COVID-19 and asthma please visit:
<https://www.cdc.gov/coronavirus/2019-ncov/need-extra-precautions/asthma.html>

SCHOOL AUTHORIZATION FORM**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: Sample 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 asthma inhalers are 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			
100% Tobacco Free School Policy			
No Idling Zones (All Vehicles)			
Medication Policy (with details on asthma medications and EpiPen) including information about stocking			
Indoor Air Quality Management Plan			
Healthy School Environment Policy			
Physical Activity and Education			

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
 ☐ Administer inhaler to student
 ☐ Send to principal's office
☐ Contact student's doctor
 ☐ Allow student to self- medicate
 ☐ Other (please specify) _____
☐ Contact student's parents
 ☐ Send to school health personnel _____

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 : _____
 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.

[illegible]

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:

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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 (for all cars)**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 required 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.
- Policy will describe the procedures for receipt of student medication from adult other than parent/guardian.

Legal Reference:

Adopted On (Date):

Revised On:

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Name of School District:**Policy Code:****Medication Policy (continued)**

- 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.
- 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 provider.
- 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 provider 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 and EpiPen Policy [Senate Bill 126]**Schools must abide by this law, which 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.
- 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/trainng/information to be provided to school personnel on how to recognize the symptoms of an perceived respiratory distress and the correct method of administering albuterol / levalbuterol.

Legal Reference:**Adopted On (Date):****Revised On:****Pg. 3 of 5**

Name of School District:

Policy Code:

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.

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.

Legal Reference:

Adopted On (Date):

Revised On:

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Name of School District:

Policy Code:

Healthy School Environment Policy *(continued)*

- 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/epipen.
- Students requiring emergency medication (including EpiPen) 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.

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:

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Appendix E: Asthma Education Resources

Classroom Curriculum

Open Airways (Grades K-5)

Sponsor: American Lung Association

Location: www.lungusa.org

Asthma Self-Management Education: Curriculum for Classrooms (Grades 6-10)

Kickin' Asthma

Location: www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/asthma-education-advocacy/kickin-asthma

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: Strategies for Addressing Asthma in Schools

Sponsor: Centers for Disease Control and Prevention

Location: www.cdc.gov/asthma/pdfs/strategies_for_addressing_asthma_in_schools_508.pdf

Creating an Asthma Friendly School

Sponsor: Centers for Disease Control and Prevention

Location: www.cdc.gov/healthyschools/asthma/creatingafgs/index.htm

Asthma Basics

Sponsor: American Lung Association

Location: lung.training/courses/asthma_basics.html

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: www.nhlbi.nih.gov/sites/default/files/publications/12-3651.pdf

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

Centers for Disease Control and Prevention

Location: www.cdc.gov

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, 2009¹⁴

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 wheelchair
 - 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 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.**

Resources to help schools with stocking EpiPen and Albuterol

- **Four free EpiPen® (epinephrine injection, USP) or EpiPen Jr® (epinephrine injection, USP) Auto-Injectors** in the form of two EpiPen 2-Pak® cartons, two EpiPen Jr 2-Pak® cartons or one 2-Pak of each kind.
- **Free replenishment product** in the event that the free supply is used to respond to a life-threatening allergic reaction.
- **A convenient storage unit**, the EpiLocker™, to store EpiPen 2-Pak® and EpiPen Jr 2-Pak® cartons received through the program.
- **Anaphylaxis: Know It. See It. Treat It. Training Video**, featuring an anaphylaxis overview and a step-by-step demonstration of how to administer EpiPen® Auto-Injector.
- **EpiPen® Trainers**, which contains no drug product or needle, to practice administering EpiPen® Auto-Injector.
- **Signs and Symptoms of Anaphylaxis Poster**, to educate about the most common indicators of anaphylaxis and support recognition of these symptoms in the event of an emergency.
- For more information: www.epipen4schools.com.