

MICHIGAN
STATE BOARD OF EDUCATION**POLICY ON THE MANAGEMENT OF
ASTHMA IN SCHOOLS**

Asthma is the most common chronic disease of childhood and is the leading cause of preventable hospitalizations in Michigan children.^{1,2} About five percent of Michigan children under the age of 15 will experience an asthma attack each year.³ Nationally, it is the leading chronic disease cause of school absences, resulting in over 14 million absences each year.⁴ According to a National Association of School Nurses survey, asthma is more disruptive of school routines than any other chronic condition. Furthermore, a survey of Michigan public schools found that most staff are not aware of asthma's disruptive impact to the school day.⁵ However, there is hope that with proper management, asthma can be controlled. Children with properly managed asthma can participate in normal activities and not have symptoms during or miss school. Schools cannot achieve their educational mission if students with asthma cannot appropriately manage their asthma.

The State Board of Education is convinced that the benefits of a clear school policy for asthma management can make a difference in school performance. This policy builds on existing asthma best practices including Michigan's asthma inhaler law,⁶ the State Board of Education Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools,⁷ national strategies from the Centers for Disease Control and Prevention,⁸ and the National Asthma Education and Prevention Program.⁹

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

- I. Establish asthma **management and support systems** to ensure asthma practices are communicated and coordinated in schools and that asthma program strategies and policies are annually evaluated, including:
 - a. Coordination of asthma management activities by the School Health Program Coordinator (see State Board of Education Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools).⁷
 - b. Individual asthma action plan forms in annual enrollment materials.
 - c. Facilitation of communication among school staff that interact with children with asthma using a student list developed from enrollment materials and other existing sources.

- d. A system to make staff aware of school policy on acute and routine management of asthma, including information on signs of an asthma attack, asthma medication and administration, and emergency protocols for handling asthma exacerbations in “unusual” situations such as field trips.
- II. Provide **appropriate school health and mental health services** for students with asthma, including:
- a. Procedures to obtain, maintain, and utilize written asthma action plans, signed by the child’s physician, for every student with asthma.
 - b. A standard emergency protocol in place for students in respiratory distress if they do not have a written asthma action plan on site.
 - c. Policies that ensure students have immediate access to asthma medications at all times and that allow students to self-carry and selfadminister asthma medications, inhalers, and Epi-Pens, as prescribed by a medical professional and approved by parents or legal guardian.
 - d. Smoking prevention and cessation programs for students and staff.
 - e. Case management for students with frequent school absences, school health office visits, emergency department visits, or hospitalizations due to asthma.
 - f. Access to a consulting health professional for the district to address asthma questions.
- III. Provide asthma education and awareness programs for students and staff, including:
- a. Education programs for students with asthma on asthma basics, selfmanagement, and emergency response.
 - b. Professional development training for all school staff on asthma basics, asthma management, trigger management, and emergency response including classroom teachers, physical education teachers, coaches, secretaries, administrative assistants, playground aides, principals, facility and maintenance staff, food service staff, and bus drivers.
 - c. Asthma awareness and lung health education as part of health education curricula and other curricula areas.

- IV. Take actions to reduce asthma trigger exposure to promote a safe and healthy school environment by the development/adoption of the following policies and practices:
 - a. A tobacco-free school policy that is 24-hours per day, 7 days a week, on all school property, in any form of school transportation, and at school-sponsored events both on and off school property.
 - b. Prevent indoor and outdoor air quality problems by implementing best practice policies for common issues such as: preventative maintenance on heating/cooling systems; construction and remodeling projects; bus idling and retrofitting; integrated pest management techniques and pesticide application notification; cleaning practices that address fumes, dust mites, and molds; chemicals and solutions storage; and the presence of warm-blooded animals in the classroom.
 - c. Limit student outdoor activity on high ozone and extremely cold days.
- V. Provide students with asthma-safe, enjoyable physical education and activity opportunities, including:
 - a. Full participation in physical activities when students are well.
 - b. Modified activities as indicated by student's asthma action plan, 504 plan, or Individualized Education Plan (IEP).
 - c. Access to preventative medications before activity (as prescribed by their providers) and immediate access to emergency medications during activity.
 - d. Communication regarding student health status between parents, physicians, coaches, and physical education teachers.
- VI. Coordinate school, family, and community efforts to better manage asthma symptoms and reduce school absences among students with asthma, including:
 - a. Obtaining written parental permission for school health staff and primary care providers to share student health information.
 - b. Communicating between all caregivers and providers including, but not limited to, a yearly update of the asthma action plan.
 - c. Educating, supporting, and involving family members in efforts to better manage students' asthma.

- d. Identifying and utilizing available community resources such as local asthma coalitions and community programs, community healthcare providers, and social service agencies.

- ¹ Dey AN, Schiller JS, Tai DA. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. *Vital Health Stat* 10(221), 2004.
- ² Wasilevich E and Lyon-Callo S. "Epidemiology of Asthma In Michigan: 2004 Surveillance Report." Michigan Department of Community Health Bureau of Epidemiology, Fall 2004.
- ³ Dey AN, Schiller JS, Tai DA. Summary Health Statistics for U.S. Children: National Health Interview Survey, 2002. National Center for Health Statistics. *Vital Health Stat* 10(221), 2004.
- ⁴ National Health Interview Survey data, 2001.
- ⁵ Wasilevich E and Lyon-Callo S. "Epidemiology of Asthma In Michigan: 2004 Surveillance Report." Michigan Department of Community Health Bureau of Epidemiology, Fall 2004.
- ⁶ Michigan Compiled Law 380.1179. Available at <http://www.michiganlegislature.org/mileg.asp?page=getObject&objName=mcl-380-1179>.
- ⁷ Michigan State Board of Education. "Policy on Coordinated School Health Programs to Support Academic Achievement and Healthy Schools," (September, 2003).
- ⁸ Centers for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program*. Atlanta, GA: Centers for Disease Control and Prevention, National Center for Chronic Disease Prevention and Health Promotion, 2002.
- ⁹ National Asthma Education and Prevention Program. *Managing asthma: a guide for schools*. Bethesda, Maryland: National Asthma Education and Prevention Program, National Heart, Lung, and Blood Institute, 2002.

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