

◆ **Recommended Component: Provide Special Services for Students Most Affected by Asthma at School**

Students with severe asthma may require additional school health services support. Students include those whose asthma is already identified as severe, as well as those students with asthma who are absent more than students without asthma, based on students with asthma having, on average, four or five more absent days per year than students without asthma.³ Schools should seek to identify and intervene with students who are experiencing significant morbidity. These students can be identified by a school nurse or other school personnel based on number of health room visits, school absences, 911 calls, times sent home because of asthma, or discussions with teachers.

Some may require Individualized Health Plans (IHPs), or if they are absent more than 10 days in a year, they may need intervention such as case management.

Individualized Health Plans

A school's ability to provide and manage an Individualized Health Care Plan for students with asthma depends on school faculty and staff training, as well as a clear communications system among staff. For those schools with full-time nurses, nurses will be responsible for creating various documents and perhaps be at the center of a student's asthma management in school. The goal of staff asthma education is for all staff to be well-informed about various aspects of asthma and asthma management, so they can support a student with asthma and work from an established plan.

Providing Individualized Health Plan Checklist

- Advocate for mandatory staff asthma education
- Create and implement an asthma communication system

To help prepare a school, follow these steps, based on federal statutes:

► **Advocate for a mandatory staff asthma education component, and/or work with districts individually to create that component.** These components would enable school faculty and staff to read and understand an NAEPP-based Asthma Action Plan and understand other related forms and directives, including (see table of plans pg. 127):

- Emergency Care Plan, which is usually part of the Asthma Action Plan and prescribes a specific directive for how staff should respond to an asthma emergency.
- Individualized Education Plan (IEP)⁴, which addresses a student's "special needs," including asthma, and ensures a plan for that child's education. IEPs may not be required for all students with asthma. IEPs are required only for students who qualify for special education services because of their asthma's impact on their ability to learn.
- Individualized Health Care Plan (IHCP),⁵ which is generally written by the school

³ R. Lakhani, L.Y. Wang, et al. Literature Review of Asthma-Related School Absences. U.S. Department of Health and Human Services, Centers for Disease Control and Prevention, Division of Adolescent and School Health. Presented to, DASH-APRHB Quarterly Meeting, January 6, 2004.

⁴ See the Getting Started section of this guide for more information about these requirements under Section 504 and IDEA.

⁵ The Role of the School Nurse. National Association of School Nurses, 1999.

nurse and ensures a personalized plan and includes the Asthma Action Plan and a physical activity plan. IHCPs may not be required for all students. (See the Asthma Individual Health Plan from the American Lung Association of Washington's Asthma Management in Educational Settings, included with this hand-out.)

► **Create and implement an asthma communication system.** Encourage use of good communication tools among school health services, the healthcare provider and all school personnel. Elements of such a system may include:

- Determining appropriate distribution for Asthma Action Plans based on nursing and health coverage
- Distributing Asthma Action Plans (by school nurse) to all appropriate faculty and staff, as noted above (dependent upon parent/guardian permission and/or “need-to-know” status)
- Providing special emphasis with physical education teachers and coaches to understand physical activity modifications and pre-medication requirements for each student with asthma
- Including each student’s photo on an Asthma Action Plan, for quick identification during an asthma emergency by a new or substitute teacher
- Distributing Emergency Care Plan for school to all staff

(See Sample Communications Flow Chart included with this hand-out.)

Intensive Case Management

Students with asthma who have high absenteeism may require one-on-one work through school-based case management. Specific targets should be determined locally, but if a student with asthma misses 10 or more days of school, that child’s asthma may be uncontrolled. A case manager would be responsible for working with the student’s family to ensure proper medical care and for working within the school to provide specific, required support for that student. (See the Sample Case Management Form included with this hand-out.)

Providing Intensive Case Management Checklist

- Define components
- Establish system of identifying students needing case management
- Determine if student has existing case manager
- Identify school case manager
- Establish system for case management for students with suspected asthma

When establishing case management, follow these steps:

- **Define components of case management.** Components include assessments of asthma severity and current treatment, school-based interventions (counseling, peak flow logs, communication with parents and physician, etc.) and asthma-related events occurring at school. Additionally, identify a range of resources available in the school and community to support case management.
- **Establish a system of identifying students needing case management.** Those students would be identified via excessive absenteeism, frequent health room visits for asthma treatment and other markers of need for case management. Although excessive absenteeism may not necessarily be the result of asthma-related illness, students with

asthma do tend to miss more school days than those without asthma. It is important to make sure they are not missing school for any reason, including asthma episodes.

▶ **Determine if student has a case manager whom the school should contact.**

Asthma clinics, managed care organizations, and various healthy child programs provide case management. With parental permission, a student's case manager with such an organization should be kept informed about absenteeism or other school issues.

▶ **Identify a school case manager.** This would be someone on the school staff who would provide case management when deemed necessary for a student. This individual could be a school nurse, social worker, or other counselor. Depending upon the needs of each student, the appropriate case manager may differ and may change over time.

▶ **Establish a system for case management for students with suspected asthma.**

Those students that are excessively absent or are frequent visitors to the school health office due to respiratory problems may need referral to a physician or community health professional. Having an established system of referral will make finding a medical home for these children easier.

REFERENCE MATERIALS

- ❖ Asthma Individual Health Plan
- ❖ Sample Communications Flow Chart
- ❖ Sample Case Management Form

Asthma Individual Health Plan

| <u>Asthma Individual Health Plan</u> | | Section 504 Plan <input type="checkbox"/> | |
|--|---|--|--------|
| Equipment and supplies provided by parent | <input type="checkbox"/> Nebulizer for delivery of medications <input type="checkbox"/> Peak Flow Meter for monitoring <input type="checkbox"/> Spacer or holding chamber <input type="checkbox"/> Other _____ | Disaster Supplies <input type="checkbox"/> Medications for 3 days | |
| STUDENT HEALTH EDUCATION (Complete as applicable) | | | |
| Topics | Taught (date) | Demonstrated Mastery (date) | |
| Triggers | | | |
| Prevention Strategies | | | |
| Acute Signs/Symptoms | | | |
| Medications | | | |
| • Purpose | | | |
| • Method of Administration | | | |
| • Dosage | | | |
| • Frequency | | | |
| • Effectiveness | | | |
| • Side Effects | | | |
| Other (i.e., adaptation to illness; smoking cessation class referral) | | | |
| | With Parent | With Student | |
| Review of Emergency Care Plan | | | |
| STUDENT OUTCOMES | | | |
| 1. Student will participate in school activities with modifications as needed. Modifications: _____ | | | |
| 2. Student will demonstrate/describe checked items under "Health Education." | | | |
| 3. Other: _____ | | | |
| Plan reviewed with parent: | | Copy sent home: | |
| _____ | _____ | _____ | _____ |
| (Parent's signature) | (date) | (School nurse's signature) | (date) |
| Reviewed and/or updated: | | | |
| _____ | _____ | _____ | _____ |
| (Parent's signature) | (date) | (School nurse's signature) | (date) |
| New staff trained: | Date: | New staff trained: | Date: |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |



Asthma Case Management Form

School District: _____

ANNUAL INTENSIVE CASE MANAGEMENT SUMMARY FOR NURSES/CASE MANAGERS

ID# _____ **School Year:** _____ **School:** _____ **Race (circle):** Asian Black Hispanic White Other

Name: Last _____ First: _____ MI: _____ Grade: _____

Male **Female** **Date of Birth** ____/____/____ **Care Provider** _____

Allergist/Pulmonologist: _____ **Date of Asthma Action Plan:** _____ None

SEVERITY
Severity established by: Doctor School Nurse Not established
Severity is: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
Exercise Induced? Yes No Allergy Testing done: Yes No
Known Allergies/Sensitivities: _____

____/____/____
 Assessment Date

CURRENT TREATMENT
Control Med at home or school (e.g., inhaled steroid, leukotriene modifier, cromolyn)
 Yes No
Quick relief Rx (e.g., Albuterol) At School At Home None
Self-carry At School At Home None **Peak Flow** At School At Home None
Spacer At School At Home None **Nebulizer** At School At Home None
Flu/Pneumo Vaccine At School At Home None Don't know
Receiving Allergy Shots At School At Home Do Not Know
Enrolled in a special asthma program through health insurance?
 At School At Home Do Not Know

INTERVENTION DONE THROUGH SCHOOL
Permission to interact with Dr.?
 No Yes Date _____
Sent letter/called doctor?
 No Yes Date _____
Teach inhaler/spacer technique?
 No Yes
Teach peak flow technique?
 No Yes
Parent counseling 1:1?
 No Yes
Student health counseling 1:1?
 No Yes
Peak flow logs?
 No Yes

SEVERITY
Severity established by: Doctor School Nurse Not established
Severity is: Mild Intermittent Mild Persistent Moderate Persistent Severe Persistent
Exercise Induced? Yes No Allergy Testing done: Yes No
Known Allergies/Sensitivities: _____

____/____/____
 Assessment Date

CURRENT TREATMENT
Control Med at home or school (e.g., inhaled steroid, leukotriene modifier, cromolyn)
 Yes No
Quick relief Rx (e.g., Albuterol) At School At Home None
Self-carry At School At Home None **Peak Flow** At School At Home None
Spacer At School At Home None **Nebulizer** At School At Home None
Flu/Pneumo Vaccine At School At Home None Don't know
Receiving Allergy Shots At School At Home Do Not Know
Enrolled in a special asthma program through health insurance?
 At School At Home Do Not Know

Asthma education for classmates?
 No Yes
Open Airways for Schools received?
 No Yes Date _____
Parent or student support group?
 No Yes
Emergency protocol on file?
 No Yes
Emergency protocol shared with staff?
 No Yes
P.E. teacher education?
 No Yes
Staff education/counseling?
 No (# of staff _____) Yes
Trigger identification at school?
 No Yes

Asthma Related School Events (summary of all per school year)

- See worksheet on other side
- Date this form completed _____

Visits to health room for preventive/education: _____
 ED visits for asthma (if known): _____
 Visits to health room for asthma symptoms: _____
 911 calls for asthma: _____
 Days sent home due to asthma: _____
 Hospitalizations for asthma (if known): _____
 Total days absent: _____
 Days absent known to be due to asthma: _____

 School Nurse: _____

Trigger modification at school?
 No Yes
Trigger identification at home?
 No Yes
Trigger modification at home?
 No Yes
Home visit relating to asthma?
 No Yes Date _____
Referral to asthma camp?
 No Yes
Receiving allergy shots?
 No Yes Do not know
Enrolled in special asthma program through health insurance?
 No Yes Do not know

Sample Case Management Form (cont.)

This side is a Worksheet

(for convenience of nurses)

School Year: _____ Student Name: _____

| Health Appraisal | Date | July/ Aug | Sept | Oct | Nov | Dec | Jan | Feb | Mar | April | May | June |
|-----------------------------------|------|--------------|------|-----|-----|-----|-----|-----|-----|-------|-----|------|
| Communication with doctor | | | | | | | | | | | | |
| Open airways for schools received | | | | | | | | | | | | |
| Home visits by school for asthma | | | | | | | | | | | | |
| Health room visits for asthma | | | | | | | | | | | | |
| Days sent home for asthma | | | | | | | | | | | | |
| Total days absent | | | | | | | | | | | | |
| Days absent due to asthma | | | | | | | | | | | | |
| 911 calls for asthma | | | | | | | | | | | | |
| ED visits for asthma | | | | | | | | | | | | |
| Hospitalization for asthma | | | | | | | | | | | | |

| | | | |
|---|------|----------------------------|-------------------------|
| Individual education | Date | Return Demo by Student | Personal Best Peak Flow |
| Peak flow instruction/review | | | Date: |
| Inhaler instruction/review | | | Date: |
| Spacer instruction/review | | | |
| Trigger identification (e.g., tobacco, pesticides, animals, or birds, dust, cleaning products, solvents, bus/car exhaust, perfumes, molds, cockroach particles, other): | | Other Information/Comments | |
| Personal trigger modifications | | | |
| Referred for influenza/pneumococcal/vaccines | | | |
| Received influenza/pneumococcal/vaccines | | | |
| Support group | | | |

Original form from Anne Arundel County (Maryland) School Health Services; modified by School Health USA of UCSD Community Pediatrics; 2002.