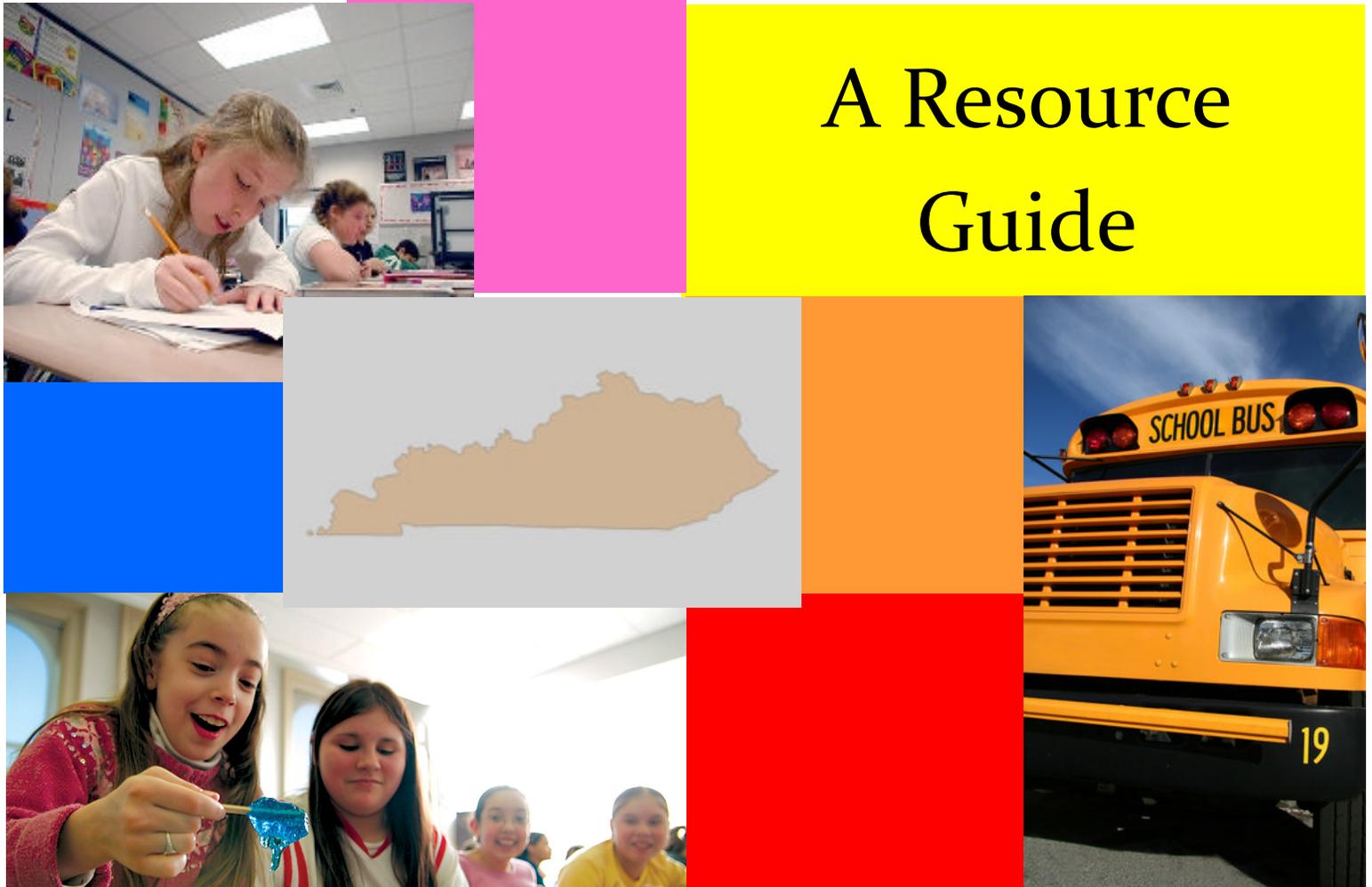


Creating Asthma Friendly Schools in Kentucky



A Resource Guide

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Introduction

Did you know...

Asthma is a common disease among Kentucky children.

- Asthma is one of the leading chronic childhood diseases in the United States and a major cause of childhood disability.^{1,2}
- 11.7 percent of Kentucky middle school students have asthma.³
- 9.7 percent of Kentucky high school students have asthma.⁴

Asthma affects school attendance and performance.

- Nationwide, asthma is a leading cause of school absences. In 2003, approximately, 12.8 million schools days were missed due to asthma in the United States.⁵
- Research indicates that students with persistent asthma symptoms and asthma related school absences may have lower test scores and academic achievement.⁶

With planning, asthma can be controlled in the school setting.

- Good asthma management includes proper use of asthma medications and reduction of environmental asthma triggers such as tobacco smoke and animal dander. Schools can support asthma management efforts by implementing policies and procedures that allow students easy access to their medications and reduce asthma triggers in the school environment.
- Creating an asthma friendly school environment can help students with asthma fully participate in all school activities and have the best chance at academic success. This booklet details 7 simple steps toward creating an asthma friendly school.⁷
- This manual also provides one method to begin an evaluation of the role asthma may play in student absences at your school.



Introduction

That a Coordinated School Health Program (CSHP) is an organized set of programs, policies and activities. This coordinated model consists of assessing the school environment, having a school health or wellness team and developing an action plan. The group works together on these components: health education, physical education and other physical activity opportunities, nutrition services, health services, counseling and psychological services, school health and safety policies and environment, family and community involvement, and health promotion for staff.

That there is a link between health and academics

- Academic success is an excellent indicator for the overall well-being of youth and a primary predictor and determinant of adult health outcomes.
- Leading national education organizations recognize the relationship between health and education, as well as the need to embed health into the educational environment for all students.⁸
- Students with asthma miss at least 3 more days of school than children without asthma.

To create a successful CSHP, schools should:

- Obtain support from key decision makers in school administration.
- Create a school health or wellness team that includes school faculty and staff, community members, parents and families, businesses, faith based organizations, local health departments, youth, etc.
- Assess school health policies and programs using the School Health Index⁹ or similar tools.
- Use assessment findings to set goals and strategies to improve school health policies and programs for the CSHP
- Integrate school health goals and strategies into comprehensive school/district improvement plans (CSIP/CDIP).



Strategies For Addressing Asthma within a Coordinated School Health Program

The Centers for Disease Control and Prevention (CDC) has identified six strategies for schools and districts to consider when addressing asthma within a coordinated school health program. These strategies can be effective whether your program is for the entire school district or just one school.

1. Establish **management and support systems** for asthma-friendly schools.
2. Provide appropriate school **health and mental health services** for students with asthma.
3. Provide **asthma education** and awareness programs for students and school staff.
4. Provide a safe and **healthy school environment** to reduce asthma triggers.
5. Provide safe, enjoyable **physical education and activity** opportunities for students with asthma.
6. Coordinate **school, family, and community efforts** to better manage asthma symptoms and reduce school absences among students with asthma.

Source: Center for Disease Control and Prevention. *Strategies for Addressing Asthma Within a Coordinated School Health Program*. Revised 2006.

Steps for Creating an Asthma Friendly School

Identify students with asthma	Students should be identified in the school database with a health conditions icon. Every student identified with asthma should have an Asthma Action Plan on file at the school as well as a Medication Authorization form.
Allow students easy access to their inhalers	All students with asthma should have access to their inhalers during school, sporting events and on field trips. Students should be allowed to self carry and administer their asthma inhalers in compliance with KRS 158.834 and KRS 158.836.
Create a school wide protocol for handling an asthma episode	A school wide protocol for responding when a student has asthma symptoms or an asthma attack should be widely displayed around the school. Key staff should be trained to respond when a student's asthma flairs.
Identify and reduce common asthma triggers	Schools should monitor diesel emissions, animal dander, mold, tobacco smoke and other asthma triggers in the school environment and take steps to reduce them through appropriate policies and air quality measures.
Enable students with asthma to participate in activities	Children with exercise induced asthma should be allowed to pre-treat for asthma before physical activity and coaches and gym teachers should be educated on how to modify activities for children with activity limitations.
Provide education to personnel, parents and students	Staff, students and families should receive education about asthma and their role in partnering to control asthma in the school setting.
Collaborate with families, students, staff and health providers	An asthma friendly school requires a strong family-school-health provider partnership. This guide details the responsibilities for all of the parties involved in creating asthma friendly schools.

How Asthma Friendly Is Your School

Students with asthma need proper support at school to keep their asthma under control and be fully active. Use this checklist to find out how well your school serves students with asthma:

- Are the school buildings and grounds **free of tobacco smoke** at all times? Are all school buses, vans, and trucks free of tobacco smoke? Are all school events, like field trips and team games (both “at-home” and “away”), free from tobacco smoke?
- Does your school have a policy or rule that allows **students to carry and use their own asthma medicines**? For students who do not carry their asthma medications, do they have quick and easy access to their medicines?
- Does your school have a **written emergency plan for teachers** and staff to follow to take care of a student who has an asthma attack? In an emergency, such as a fire, weather, or lockdown, or if a student forgets his/her medicine, does your school have standing orders and quick-relief medicines for the students to use?
- Do all students with asthma have updated **asthma action plans** on file at the school? An asthma plan is a written plan from the student’s healthcare provider to help manage asthma and prevent asthma attacks.
- Is there a **school nurse in your school building during all school hours**? Does a nurse identify, assess, and monitor students with asthma at your school? Does he/she help students with their medicines, and help them be active in physical education, sports, recess, and field trips? If a school nurse is not full-time in your school, is a nurse regularly available to write plans and give the school guidance on these issues?
- Does the school nurse or another asthma education expert **teach school staff about asthma**, asthma action plans, and asthma medicines? Does someone teach all students about asthma and how to help a classmate who has asthma?
- Can students with asthma fully and safely join in **physical education, sports, recess, and field trips**? Are students’ medicines nearby, before and after they exercise? Can students with asthma choose a physical activity that is different from others in the class when it is medically necessary? Can they choose another activity without fear of being ridiculed or receiving reduced grades?
- Does the school have **good indoor air quality**? Does the school help to reduce or prevent students’ contact with allergens or irritants, indoors and outdoors, that can make their asthma worse? Allergens and irritants include tobacco smoke, pollens, animal dander, mold, dust mites, cockroaches, and strong odors or fumes from things like bug spray, paint, perfumes, and cleaners. Does the school exclude animals with fur?

If the answer to any question is “no,” then it may be harder for students to have good control of their asthma. Uncontrolled asthma can hinder a student’s attendance, participation and progress in school. School staff, healthcare providers, and families should work together to make schools more asthma-friendly to promote student health and education.

Asthma cannot be cured but it can be controlled. Students with asthma should be able to live healthy, active lives with few symptoms.



Step #1: Identify students with asthma

The first step to creating an asthma friendly school is to know which students have asthma. At the beginning of each school year, your school should implement a process to identify all students in the school with the disease. Students with asthma should then provide the school with two important documents:

1. **A Medication Authorization form:**

Each school district should have in their policy and procedure manual an example of a medication authorization form. This form allows a student to carry and self-administer asthma medication in school and **must be signed by a physician** and the student's parent or guardian. To carry asthma medication at school, this form must be on file, as required by Kentucky law (See Appendix 1).

2. **Asthma Action Plan:**

This form is an individualized plan, created by the student's healthcare provider, detailing how to care for the student with asthma. The student's Asthma Action Plan should be easily accessible and all teachers should know its location. School nurses may also create an Individualized Health Care Plan (IHCP) for each student with asthma, incorporating the asthma action plan (See Appendix 2).

Resources for identifying students with asthma are located in the Appendix. Feel free to make copies of these documents and distribute them to parents and students. These resources include:

- Asthma: Investigating Its Impact on Attendance, Academic Achievement and School Budgets (Appendix 3)
- A sample asthma action plan for healthcare providers to use (Appendix 2)
- A letter to parents asking them to identify if their student has asthma (Appendix 4)
- Protocol for responding to an asthma episode (Appendix 5)
- Roles and responsibilities for creating asthma friendly schools (Appendix 6)
- Reducing asthma triggers in the school setting (Appendix 7)
- Ten Reasons your Schools District Should be Tobacco-Free (Appendix 8)
- Assisting students with exercise induced asthma (Appendix 9)
- Asthma Education Resources (Appendix 10)

The first step to creating an asthma friendly school is to know which students in your school have asthma.



Step #2: Allow students easy access to their inhalers

It is critical that students with asthma have easy access to their rescue medication inhalers in case of an asthma attack. School policies should provide a way for inhalers to be easily accessible in the classroom, at recess, on field trips and during sporting events. This type of policy can literally save the life of a student with asthma. Remember:

1. **For students who can self-carry, it's the law!**

KRS 158.834 and KRS 158.836 allows students in Kentucky who have a Medication Authorization Form on file with the school to carry and self administer their asthma medication. Schools cannot deny students the right to carry their asthma medication (Appendix 11 and 12).

2. **For students who cannot self carry, access to medications is**

still critical. Some students are too young or inexperienced to carry and self administer their medication. KRS 156.502 allows for delegation to unlicensed school personnel health services by an RN or physician (See Appendix 13 and 14). If a student is unable to self-administer their asthma inhaler, unlicensed school personnel may be trained to assist. The name of the trained school personnel should appear on the student's Asthma Action Plan. Having a school policy that allows for safe storage of these students' medications and easy access if they experience asthma symptoms can protect students' health and safety.

Easy access to rescue medication inhalers is critical for controlling asthma symptoms in the school environment and preventing the need for emergency medical care.

Please ensure that your school has a policy on "administering medicines to students" that includes language on asthma and allergy medications, and fully implemented in all school buildings and at all school sponsored events. For more information of this policy, contact Dara Bass, Director of Policy Services at dbass@ksba.org or phone at 1-800-372-2962.



Step #3: Create a school wide protocol for handling an asthma episode

The next step toward creating an asthma friendly school is to create a simple protocol for responding when a student has an asthma episode. An asthma episode is any time a child with the disease shows signs of wheezing, coughing or other difficulties breathing. The protocol for handling an asthma episode should be widely posted around the school and teachers and staff should receive education regarding how to respond when a student experiences asthma symptoms. A good protocol should:

All staff at your school should know the protocol for responding to an asthma episode. Key staff members should be designated as emergency contacts for serious episodes.

1. Note the early signs of an asthma attack like coughing, wheezing and shortness of breath.
2. Remind staff to follow the student's Asthma Action Plan and help him or her administer rescue medication.
3. Have instructions on what emergency staff to contact if an Asthma Action Plan and/or rescue medication is not available or not working for the student.
4. Describe when to call 911.

A sample protocol for handling an asthma episode is located in Appendix 5.¹⁰ Feel free to make copies of this plan to post in your school or modify it to create a protocol specific to your school.



Step #4: Identify and reduce common asthma triggers

Asthma symptoms are often caused by allergens or irritants in the environment. By taking simple steps to reduce common asthma triggers, schools can help students with asthma avoid attacks and reduce absences or the need for emergency care. Common asthma triggers in the school environment include:

Schools can take simple steps, such as closing windows when allergens are present or smoke is in the air, to reduce asthma triggers.

1. Exhaust from buses and other vehicles
2. Tobacco smoke
3. Pets and pests
4. Mold
5. Strong odors and sprays (including cologne)
6. Cold air and weather changes
7. Allergens
8. Respiratory infections

Indoor Air Quality Tools for Schools

Poor indoor air quality can impact the comfort and health of students and staff, which in turn, can affect concentration, attendance, and student performance. In addition, if schools fail to respond promptly to poor indoor air quality (IAQ), students and staff are at an increased risk of short-term health problems, such as fatigue and nausea, as well as long-term problems like asthma. The Environmental Protection Agency's *IAQ Tools for Schools (IAQ TsF)* Kit is free for schools and provides comprehensive resources for addressing indoor air quality in the school setting. Visit www.epa.gov/iaq/schools/index.html for more information.

In addition, Appendix 7 provides a list of simple steps schools can take to reduce asthma triggers in the environment.¹¹ Appendix 8 offers information on reasons your school district should be a 100% Tobacco Free School.

The Kentucky Green and Healthy Schools (KGHS) Program is a new, voluntary effort to empower students and staff with the tools needed to take action and make their school operate at peak efficiency. KGHS incorporates a two-pronged approach. New or renovated schools may include a "green and healthy" design from the start. Existing schools participate as students inventory current school operations and implement action plans to improve school health and sustainability. For more information contact the Green and Healthy Schools Task Force. <http://www.greenschools.ky.gov/>

Step #5: Enable students with asthma to participate in school activities



Children with well controlled asthma should be able to fully participate in school activities, including exercise. Schools can take a few simple steps to ensure that students with asthma have the best opportunity to engage in all school activities.

- 1. Allow students to pre-treat for exercise induced asthma (EIA).**
Approximately 90% of individuals with asthma have their symptoms worsened by exercise. To prevent exercise induced symptoms, some students will need to pre-treat for EIA by using quick relief inhalers 5-10 minutes before they engage in physical activity.
- 2. Modify activities for children experiencing asthma symptoms.**
Activity modification may include allowing an extended warm up period or reducing the intensity of activities for students experiencing asthma symptoms.

90% of individuals with asthma experience worsening symptoms during exercise. Schools should allow students to pre-treat for exercise induced asthma to prevent exacerbations.

Appendix 9 lists steps schools can take to assist students with exercise induced asthma.¹² Consider copying this page and giving it to all physical education teachers and coaches.

Focus on *Coaches Asthma Clipboard*, an educational program for coaches

Athletics play an important role in Kentucky schools. But with 1 in 5 Kentucky high school students affected by asthma, it is critical that coaches receive education about the disease. *The Coaches Asthma Clipboard* is a free web-based program sponsored by the Minnesota Department of Public Health featuring professional coaches from around the county providing practical tips related to helping athletes with asthma compete to their fullest ability. Encourage your coaches to get educated about asthma by viewing the 30 minutes program at:

www.WinningWithAsthma.org

Step #6: Provide education to personnel, parents and students

Since asthma is such a prevalent disease among Kentucky youth, all schools need to be prepared to address the illness in their schools. One of the best ways for schools to prepare for asthma is to provide education about the disease.

There is evidence that asthma education is lacking in Kentucky schools. According to the 2008 School Health Profiles survey conducted by the Kentucky Department of Education, only 17% of teachers received staff development related to asthma awareness during the past 2 years. However, 59% of teachers who responded to the survey indicated that they would like to receive staff development on asthma awareness.¹³

Ideally, education about asthma should be provided to:

1. Teachers
2. Office staff and teaching assistants
3. Administrators and school boards
4. Students
5. Parents and
6. Community Partners

Educating these groups will allow all of the school's stakeholders to be aware of the needs and challenges related to asthma and be equipped to address the disease in the school setting.

A list of credible resources for asthma education is listed in Appendix 10. For more information about asthma education in schools, contact:

Karen Erwin, State School Nurse Consultant, Kentucky
Department of Education at karen.erwin@education.ky.gov
and/or

Connie Buckley, Respiratory Disease Program Manager, Kentucky
Department of Public Health at connie.buckley@ky.gov.



According to the 2008 School Health Profiles survey, only 17% of teachers received staff development related to asthma awareness during the past 2 years though 59% indicated a desire for staff development on this topic.¹³

Step #7: Collaborate with families, students staff and healthcare providers

The responsibility for creating an asthma friendly school does not fall on any one person or group. Instead, the process requires a partnership between school staff, administrators, healthcare providers, parents and students. However a few key individuals can help lead the effort including:

1. A school nurse. Asthma is a disease that requires medical attention. Having a school nurse available to students with asthma is one of the best ways to ensure their health and safety.
2. An “asthma champion.” Every school needs a health champion who will advocate for the needs of children with asthma and other diseases and work to begin creating changes in the school setting.
3. Supportive administration. Many of the suggestions in this booklet involve policy change and require administrative buy-in to implement.
4. Engaged parents. Parent are the strongest advocates for their children’s health. Consider involving parent groups in the process of creating an asthma friendly school.
5. Educated healthcare providers. Medication authorization forms and asthma care plans must be created by healthcare providers. Schools must actively communicate with healthcare providers, and vice versa, to inform them of the information needed in the school setting in order to protect students’ health.
6. Students. Asthma is a disease best controlled through self-management. Students with asthma need to be empowered to advocate for themselves in the school setting, informing school staff of their unique health needs. Students must also learn how to responsibly carry and self administer their asthma medication.

Creating an asthma friendly school requires a strong partnership between administrators, school staff, healthcare providers, parents and students.

Appendix 6 outlines the roles and responsibilities for creating an asthma friendly school for school staff, healthcare providers, parents and students. Feel free to copy and distribute to appropriate parties.

Other Resources:

Two Main Types of Asthma Medications

Quick relief or rescue medications

Rescue medications are used in response to asthma symptoms. These medication provide relief immediately by dilating the airways. All individuals with asthma need access to quick relief inhalers in case of an asthma attack. The names of these rescue medications often end in “ol” (example=Albuterol®).

Rescue medications are the primary medication that you will see in the school setting. Schools should have policies in place to allow students easy access to rescue inhalers in case of an attack. Easy access to rescue medications can prevent a student from having escalating symptoms and/or requiring emergency medical care.

Rescue medications can also be used to pre-treat for exercise induced asthma. Inhalers should be used 5-10 minutes before exercise as indicated by a healthcare provider.

Access to and proper use of rescue inhalers is critical to the health of students with asthma. Key school staff should be trained to assist students who use these inhalers (see adjacent page).

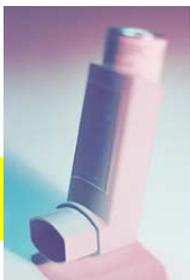
To view various types of quick relief medications visit:¹⁴
www.health.state.mn.us/asthma/documents/reliever.pdf

Controller medications

Controller medications are used by children with more severe, persistent asthma to reduce the inflammation of their airways. These medicines are taken daily to prevent asthma attacks. The most common controller medications are inhaled corticosteroids. Unlike anabolic steroids used illegally by athletes to enhance performance, inhaled corticosteroids are safe and effective and do not cause harmful side effects.

Most controller medications should be taken at home and not used in the school setting. If you see a child carrying controller medications, consult their asthma action plan and work with their healthcare provider and parents to ensure that use of the medication in school is necessary. Common controller medications include: Flovent®, Pulmicort®, Symbicort®, Advair® and Singulair®. These medications come in the form of meter dose inhalers, dry powder inhalers and pills.

To view various types of controller medications visit:¹⁴
www.health.state.mn.us/asthma/documents/controller.pdf

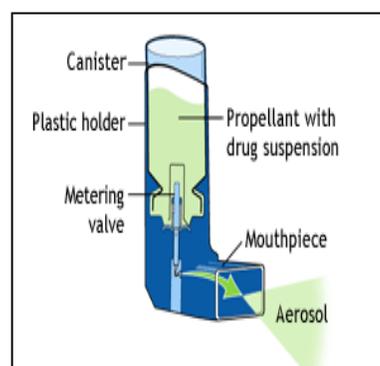


Proper Use of Inhalers

Most asthma rescue medications come in the form of metered dose inhalers (MDI). A metered dose inhaler is a pressurized canister of medicine that is sprayed through a mouthpiece. HFA inhalers are new metered dose inhalers (MDI). The old MDI inhaler may use a chemical that is harmful to the Earth's ozone layer.¹⁵ The government is requiring all inhalers to use HFA (hydrofluoroalkane) as a safe, effective and environmentally-friendly alternative. The medicine in the quick-relief asthma inhaler will stay the same, but the chemical used to "propel" the medicine out of the inhaler is changing.

Proper use of Hydrofluoroalkane (HFA) inhalers¹⁶

1. Remove the mouthpiece cap and look at the tiny exit hole where the medication comes out of the canister, it should be clear of debris.
2. Shake the inhaler to mix the powder medication with the propellants and other inactive ingredients.
3. Prime (actuate) the inhaler by squeezing the inhaler to release one dose of medication into the air.
4. Stand or sit up straight and exhale fully.
5. Place inhaler mouthpiece into your mouth (between your teeth) and close your lips tightly around it. If you're using a holding chamber, insert the MDI mouthpiece into the flexible adaptor and put the chamber mouthpiece in your mouth. Hold the MDI upright, with the mouthpiece at the bottom and the top pointing up to the sky. Be sure to close your lips tightly around the mouthpiece and keep your tongue out of the way.
6. Begin to inhale slowly, and then activate the inhaler a split second later. If you wait too long to inhale, you won't have enough breath left to activate the medicine deep into your small airways.
7. Continue inhaling slowly for 3-5 seconds, until your lungs are full.
8. Hold your breath for 10 seconds, if possible. (You can take the inhaler out of your mouth).
9. Exhale slowly and repeat steps 2 through 9 for second dose if your asthma plan says to take second dose.
10. Replace the cap of the inhaler and store it where it won't be exposed to moisture or extreme temperature changes.



For more information about HFA inhalers visit: www.aanma.org

Proper Use of Inhalers

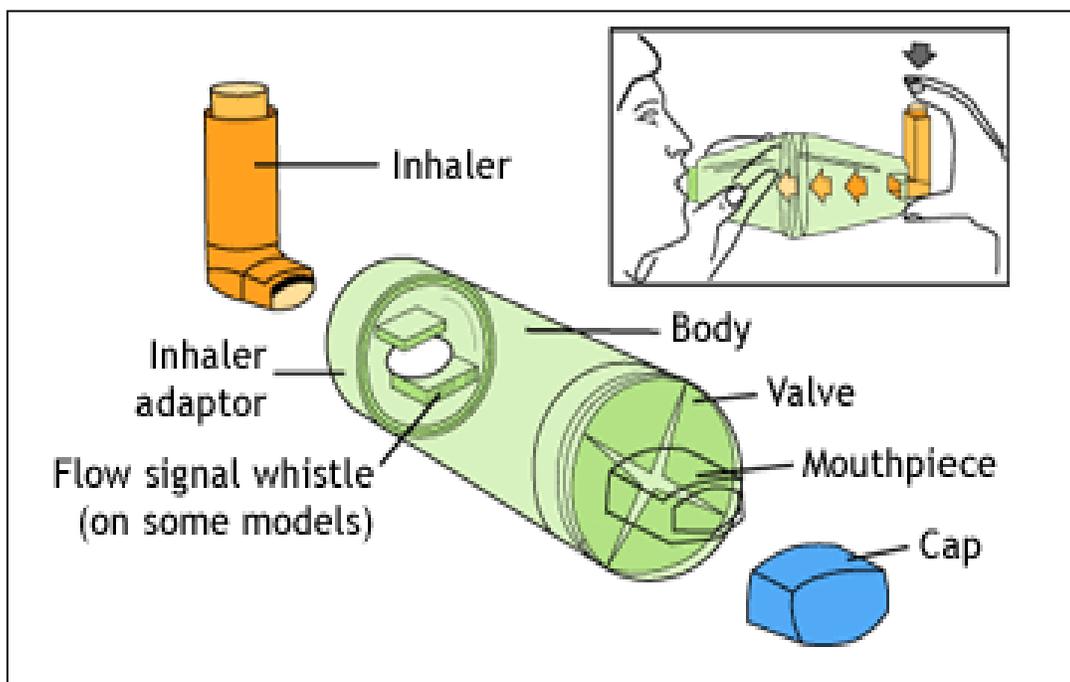
Proper use of a Spacer

You can help a student follow these simple steps to properly use their MDI.¹⁷

Some students will take their rescue medication using a spacer. A spacer is an attachment for the inhaler that makes it easier to use and can help the child inhale more medication. To properly use a spacer:

1. Remove the mouthpiece, attach the spacer to the MDI and shake 4-5 times
2. Close lips firmly around the spacer mouthpiece, breath out through nose
3. Press the inhaler and immediately breath in through your mouth, slowly and deeply
4. Hold your breath for 5-10 seconds, take spacer away from mouth and breathe out normally. Repeat puffs as recommended by healthcare provider
5. Clean out spacer by rinsing with mild soap and water and allowing to air dry¹⁷

For more information on the use of spacers visit: <http://aafa.org/pdfs/quickspacercard.pdf>



Other Resources:

Allergies, Anaphylaxis, and EpiPens[®]

Anaphylaxis

Anaphylaxis is a life threatening allergic reaction that can be fatal within minutes. Anaphylaxis can be a reaction to: food (particularly peanuts, tree nuts, fish, wheat or eggs), stinging insects, medications, latex or exercise.

Symptoms of anaphylaxis include¹⁸:

- Itching and/or hives, particularly in the mouth or throat
- Swelling of the throat, lips, tongue and/or eye area
- Difficulty breathing, swallowing or speaking
- Increased heart rate and/or sense of impending doom
- Abdominal cramps, nausea, vomiting, diarrhea
- Weakness, collapse, paleness, lightheadedness or loss of consciousness

It is important to act quickly if a student experiences an anaphylactic reaction at school. Use an EpiPen[®] auto-injector as prescribed by a healthcare provider and call 911 or take the student to the emergency room immediately.

Severe allergic reactions may be unavoidable because foods may contain unknown ingredients; insects range widely; and latex can be found anywhere. Once anaphylaxis has begun, the treatment may be an immediate injection of epinephrine (EpiPen) which is effective for only 10 to 15 minutes. The student should then be transported for further emergency medical attention at the nearest hospital emergency room.

The EpiPen is prescribed medication that contains epinephrine to reverse the most dangerous effects of an anaphylactic reaction. The prescribing health care provider will instruct the student under what circumstances the EpiPen should be used. Per KRS 158.834 and 158.836, the student may carry and self-administer an EpiPen. Unlicensed school personnel may administer the EpiPen after receiving training from a registered nurse. (See Appendix 12).

Using an EpiPen[®] Autoinjector¹⁷

Storage:

- Store at room temperature (59-86° F)
- Keep in a dark area
- Keep track of expiration date and replace the EpiPen[®] before it expires

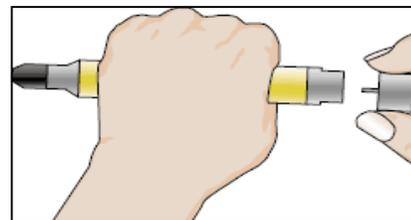
Using the EpiPen[®]:

- Form a fist around the EpiPen[®], with black tip pointing downward.
- With other hand, remove gray safety cap, DO NOT touch the black tip as this is where the needle comes out.
- Push black tip firmly against outer thigh for 5 to 10 seconds.
- Remove and massage injection area for a few seconds.
- Check black tip: if needle is exposed, you receive dose. If not, repeat previous steps.
- Call 911 or go to the closest emergency room. The effects of the EpiPen[®] will only last 15-20 minutes.

For more information on using an EpiPen[®] visit:

http://aafa.org/pdfs/FINAL_quickcards_anaph.pdf

For children with severe allergies, consider creating an “Allergy Action Plan” similar to an Asthma Action Plan for children with asthma. An example of an Allergy Action Plan is located on pages 18 - 19.



TRAINED STAFF MEMBERS

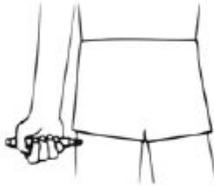
- | | |
|----------|------------|
| 1. _____ | Room _____ |
| 2. _____ | Room _____ |
| 3. _____ | Room _____ |

EpiPen® and EpiPen® Jr. Directions

- Pull off gray activation cap.



- Hold black tip near outer thigh (always apply to thigh).



- Swing and jab firmly into outer thigh until Auto-Injector mechanism functions. Hold in place and count to 10. Remove the EpiPen® unit and massage the injection area for 10 seconds.

Twinject® 0.3 mg and Twinject® 0.15 mg Directions



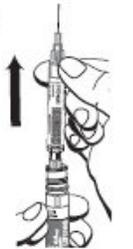
- Remove caps labeled “1” and “2.”
- Place rounded tip against outer thigh, press down hard until needle penetrates. Hold for 10 seconds, then remove.



SECOND DOSE ADMINISTRATION:

If symptoms don't improve after 10 minutes, administer second dose:

- Unscrew rounded tip. Pull syringe from barrel by holding blue collar at needle base.
- Slide yellow collar off plunger.
- Put needle into thigh through skin, push plunger down all the way, and remove.



Once EpiPen® or Twinject® is used, call the Rescue Squad. Take the used unit with you to the Emergency Room. Plan to stay for observation at the Emergency Room for at least 4 hours.

For children with multiple food allergies, consider providing separate Action Plans for different foods.

***Medication checklist adapted from the Authorization of Emergency Treatment form developed by the Mount Sinai School of Medicine. Used with permission.*



To access a copy of this plan visit: <http://www.foodallergy.org/actionplan.pdf>

June/2007

Other Resources:

Role of School Nurses in Asthma Management

APPLICATION OF THE NURSING PROCESS TO STUDENTS WITH ASTHMA

Sue A. Buswell, RN, MS, NCSN

President, Montana Association of School Nurses

May, 2008

School nurses play a vital role in creating asthma friendly schools. Nurses provide professional healthcare services to students that no other school staff are equipped to offer. Below is an outline for school nurses describing ways to apply the nursing process to help students manage their asthma at school.

ASSESSMENT

Identify student with asthma

- Collect and review Health History Sheets
- Review previous records at the start of each school year.

Contact parent of identified student to assess:

- Past history of asthma
- Current health status
- Asthma triggers
- Current medications and treatments, use of rescue inhaler, aero chamber, peak flow meter, or nebulizer
- Parent's perception of the student's developmental level and readiness to self-carry and self-administer asthma medications
- Recommendations of the parent
- Phone numbers and emergency contacts

Interview student to assess:

- Knowledge of asthma
- Self-assessment skills
- Technique in medication administration

Communicate with physician to assess:

- Asthma action plan
- Medication orders
- Authorization to self-administer medications

For more information, go to The National Association of School Nurses website at www.nasn.org

NURSING DIAGNOSIS

Establish nursing diagnoses, for example:

- Tracheobronchial constriction
- Ineffective individual coping
- Self-esteem disturbance



PLAN

Collaborate with student, parent, physician, and teacher

- Educate student and family to become partners in their own care.
- Elicit physician and parent input and signatures on School Asthma Action Plans as dictated by school policies, State Nurse Practice Act, and State and Federal Law.
- Communicate with teachers and school staff regarding class schedules, availability of accommodations.

Develop written School Asthma Action Plan (Individualized Health Care Plan) that includes an Emergency Plan

- Provide for availability of medication and storage of back-up medication
- Assign assistive personnel to administer medication and provide documentation in the absence of the school nurse.
- Teach assistive personnel to provide medications in a safe and appropriate manner in the absence of the school nurse.
- Provide for storage of necessary equipment such as peak flow meter and nebulizer
- Develop schedule for peak flow monitoring, if planned
- Provide controls for environmental triggers at school
- Provide for easy access to pre-medication prior to exercise, if ordered
- Arrange for asthma medications and School Asthma Action Plan to be taken on field trips
- Arrange for staff to communicate with school nurse in an emergency and provide emergency phone number of school nurse or back-up nurse on all care plans and communications.
- Educate assistive personnel, teachers, and other school staff in the effective use of individual asthma action plans.

INTERVENTION

- Communicate the School Asthma Action Plan to student and parent. Provide educational opportunities.
- Communicate the School Asthma Action Plan to all appropriate school contacts as school policy dictates. Provide education.
- Inform teachers about individual students in their classes who have asthma and may need assistance in an asthma attack. Provide education.
- Utilize nursing interventions in treatment of acute asthma episodes.
- Delegate medication administration or teach unlicensed personnel in providing medications in an emergency.
- Contact parent and physician as necessary to evaluate the School Asthma Action Plan and Emergency Plan. Provide for revision when indicated.

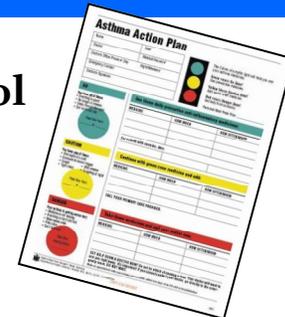
EVALUATION

Periodic evaluation of student records and communication with student and parent to compare present status with past history:

- Frequency of acute asthma episodes
- Peak flow readings
- Effectiveness of medications in controlling acute asthma episodes at school
- Frequency of school absences
- Ability to participate in all school activities
- Student's technique in using medications and ability to maintain availability of medications if self-administering
- Expiration date and amount of medication available in medication canister.

Monthly review of medication records and technique of unlicensed assistive personnel who have been delegated the task of medication administration.

Other Resources: Using Asthma Action Plans in your school



Steps for using Asthma Action Plans (AAPs) at your school

1. Choose a form.

There are many types of student AAPs. Choose one to promote in your school that fits your academic setting. A Kentucky-specific AAP example is included on page A-3 of this document. Other examples include:

- AAFA Student Asthma Action Card: www.aafa.org/pdfs/AsthmaActionCardStudent.pdf
- Missouri Student AAP: www.dhss.mo.gov/asthma/AsthmaManual/
- Massachusetts Student AAP: www.healthcaresouth.com/pages/asthmaaction2002.pdf

2. Designate an AAP staff member.

One staff person at your school should be responsible for ensuring that each student with asthma has an AAP. **Ideally, this staff member should be a school nurse.** If your AAP staff member is a school nurse, he or she can write a student's AAP, as long as the student's healthcare provider and parents sign off on it. If your school does not have a nurse, responsibility for creating the AAP will fall to the healthcare provider and/or parents of the student with asthma. The AAP staff member should work with these parties to ensure completion of the plan and oversee its implementation in the school setting.

3. Educate healthcare providers, parents and teachers.

Ensuring completion and utilization of AAPs takes coordination between families, healthcare providers and school staff. Parents and healthcare providers may need education on the importance of having an AAP and teachers, office staff, and others need training on how and when to use the plan in the school setting. The AAP staff member can provide this education.

4. Gather those signatures!

Each student AAP should be reviewed and signed by three parties:

- The student's primary healthcare provider
- The student's parent or guardian
- The school nurse/emergency staff person

These signatures ensure that the school is protected from liability and that all important parties are aware of the plan of action for the student with asthma.

5. Ensure easy access to the AAP.

A copy of each student's AAP should be kept: 1) with each asthma inhaler at the school-whether the medication is stored or self-carried; 2) in the health office; and 3) in the student's primary classrooms. Ensure that AAPs are securely stored to protect students' confidentiality.

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Appendix 1: Medication Authorization Form

Permission Form for Prescribed Medication

TO BE COMPLETED BY SCHOOL PERSONNEL

School: _____ School Year: _____ Date form received: _____
 I/we acknowledge receipt of this Physician's Statement and Parent Authorization. _____

Student Name: _____ Student age: _____ Date of Birth: _____
 Grade: _____ Homeroom/Classroom: _____

TO BE COMPLETED BY PHYSICIAN OR AUTHORIZED PROVIDER

Name of medication: _____

Reason for medication: _____

Form of medication/treatment: _____

Tablet/capsule Liquid Inhaler Injection Nebulizer Other _____

Instructions (Schedule and dose to be given at school): _____

Start: Date form received Other, as specified: _____

Stop: End of school year Other date/duration: _____

For episodic/emergency events only

Restrictions and/or important side effects: No restrictions

Yes. Please describe: _____

Special storage requirements: None Refrigerate

Other: _____

Physician's Signature _____ Physician's Name: _____

Date _____ Phone _____ Address: _____

◆◆◆For Self-Administration ONLY◆◆◆For Self-Administration ONLY◆◆◆For Self-Administration ONLY◆◆◆For Self-Administration ONLY◆◆◆

Pursuant to KRS 158.832 to KRS 158.836 _____ school permits a student to possess and self-administer asthma or anaphylaxis medication at school and at school-related functions upon completion of the following information by the parent/guardian and the student's physician and waiver of liability by the parent/guardian.

This student has been instructed on self-administration of this medication: to be completed for asthmatic, diabetic or severe allergic reaction (anaphylaxis) ONLY

No Supervision required Supervision not required

This student may carry this medication: No Yes

Please indicate if you have provided additional information:

On the back side of this form As an attachment

Signature: _____ Date _____

Physician or Authorized Provider

TO BE COMPLETED BY PARENT / GUARDIAN

I give permission for (name of child) _____ is to receive the above stated medication at school according to standard school policy. I release the _____ School Board and its employees from any claims or liability connected with its reliance on this permission. (Parent/guardians to bring the medication in its original container.)

Date: _____ Signature: _____ Relationship: _____

Home phone: _____ Work phone: _____ Emergency phone: _____

Modeled after the American Academy of Pediatrics

Appendix 2: Asthma Action Plan

Kentucky Asthma Action Plan

General Information

■Name _____
 ■Emergency contact _____ Phone numbers _____
 ■Physician/Health Care Provider _____ Phone numbers _____
 ■Physician Signature _____ Date _____

Emergency Care	Triggers	Exercise
■ Student can self-carry ■ Where medication is stored _____ ■ Field Trips: Asthma Medications and supplies must accompany student on all field trips. Staff member must be instructed on correct use of the asthma medications and bring a copy of the Asthma Action Plan. ■ Trained staff: The following staff are trained to help students administer asthma medications Name _____ Date _____ ■ Speak calmly and reassuringly. Help student walk to warm, quiet place away from triggers to sit and relax. If symptoms persist after 10 minutes, re-administer quick relief inhaler.	<input type="checkbox"/> Chalk Dust <input type="checkbox"/> Cigarette Smoke and second hand smoke <input type="checkbox"/> Colds/Flu <input type="checkbox"/> Mold <input type="checkbox"/> Dust mites, dust, stuffed animals, carpet <input type="checkbox"/> Exercise <input type="checkbox"/> Strong odors, perfumes <input type="checkbox"/> Weather, sudden temperature change <input type="checkbox"/> Foods _____	<input type="checkbox"/> Air pollution <input type="checkbox"/> Pests-rodents and cockroaches <input type="checkbox"/> Pets-animal dander <input type="checkbox"/> Plants, flowers, cut grass, pollen <input type="checkbox"/> Wood Smoke <input type="checkbox"/> Cleaning products <input type="checkbox"/> Other _____
		1. Pre-medication (how much and when) _____ 2. Exercise modifications _____

Green Zone: Doing Well

Symptoms

- Breathing is good
- No cough or wheeze
- Can work and play
- Sleeps all night

Peak Flow Meter

More than 80% of personal best or _____

Peak Flow Meter Personal Best =

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yellow Zone: Getting Worse

Symptoms

- Some problems breathing
- Cough, wheeze or chest tight
- Problems working or playing
- Wake at night

Peak Flow Meter

Between 50 to 80% of personal best or _____ to _____

Contact Physician if using quick relief more than 2 times per week.

Control Medications

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

IF your symptoms (and peak flow, if used) Return to Green Zone after one hour of the quick relief treatment, THEN

- Take quick-relief medication every 4 hours for 1 to 2 days
- Change your long-term control medicines by _____
- Contact your physician for follow-up care

IF your symptoms (and peak flow, if used) DO NOT return to the Green Zone after 1 hour of the quick relief treatment, THEN

- Take quick-relief treatment again
- Change your long-term control medicines by _____
- Call your physician/Health Care Provider within _____ hours of modifying your medication routine

Red Zone: Medical Alert

Symptoms

- Lots of problems breathing
- Cannot work or play
- Getting worse instead of better
- Medicine is not helping

Peak Flow Meter

Between 0 to 50% of personal best or _____ to _____

Ambulance/Emergency Phone Number:

Continue control medicines and add:

Medicine	How Much to Take	When To Take It
_____	_____	_____
_____	_____	_____
_____	_____	_____

Go to the hospital or call for an ambulance

- Still in the red zone after 15 minutes
- If you have not been able to reach your Physician/health care provider for help
- _____

Call an ambulance immediately if the following danger signs are present

- Trouble walking/talking due to shortness of breath
- Lips or fingernails are blue

Adapted from the  American Lung Association®

Appendix 3: Asthma: Investigating its Impact on Attendance, Academic Achievement and School Budgets

ASTHMA: INVESTIGATING ITS IMPACT ON ATTENDANCE, ACADEMIC ACHIEVEMENT AND SCHOOL BUDGETS

A Step-by Step Guide for Schools Wishing to Participate in a Project Designed to Identify the Impact of Asthma within an Individual School

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Appendix 3 cont'd

Introduction

The information provided in this manual provides you with a plan that will enable you to identify students who may have asthma and develop an action plan that targets their individual needs as you work to minimize the impact asthma has on their school and home life.

This manual will provide you with the following:

- Information to assist with forming your plan
- Suggestions for how to gather your team
- Assistance in identifying students with known/suspected asthma and allergies in the student population(s) your school elects to survey
- Assistance for identification of parents/guardians of students to be surveyed
- A strategy to implement both surveys
- A method to blind student names on surveys for data analysis
- Suggested ways to gather targeted student attendance data during the school year immediately prior to the survey
- Using SRI data and comparing the potential impact of absenteeism from asthma on SRI results
- Determining a method for assessing the financial impact of student absenteeism that may be related to asthma

Forming your plan

With the help of the school principal, determine your strategy for success. Your project will involve surveying of students, surveying of parents, de-identifying the surveys, gathering data regarding individual student absenteeism, data entry, data analysis, reporting, and planning of targeted interventions. In order to accomplish your project goals, you will need to engage the right team of people who have specific knowledge and capabilities. You cannot do this project alone so planning and involving the right people are important. As you form your plan, it will be important to identify known or potential obstacles to your progress and think about how to best address them. Also identify your champions because they will be the ones you may need to call upon when you encounter a problem, concern or question along the way.

Gathering your team

First and foremost, achieve “buy in” from school leaders. Utilize your school wellness team/coordinated school health team to achieve support from school administration. Identify a project leader to coordinate the asthma project. A timeline that may be of help in outlining your activities is included in Attachment A.

For the asthma project this could be a subgroup of the wellness team or coordinated school health team.

Your team should consist of, at least, the following:

- Principal or Director of Pupil Personnel (DPP) who can report your progress and results back to the school district.
- Public health partner to be a medical and community resource
- School nurse, if available, to help gather existing health information regarding students who are known to have asthma
- School counselor to help gather achievement information for comparative purposes
- Family resource and youth services coordinator to help encourage parent survey participation
- An influential teacher in the school to help encourage student survey implementation during a specific school day-PE teacher?
- School records clerk or someone else who can remove student identifying information and assign a unique code for the purposes of data analysis
- University of Louisville School of Public Health and Information Sciences will Provide data analysis and technical assistance.

Appendix 3 cont'd

If one parent has multiple children in the school, we ask that they complete one for each student. Attach a letter to the survey asking that it be returned to the school within 3 school days. This keeps it from getting lost or forgotten. The letter should tell the parent exactly what you want them to do, when to do it and what to do once they have completed the survey. Again, assure them that their identifiable information will not be shared. Engage the FRYSC to help make sure the surveys go home with the students. Have them returned to the FRYSC so they can assist with keeping track of missing surveys and contacting parents/guardians regarding missing surveys.

It is suggested that you do not contact any parent/guardian more than twice, preferably just once. Use the list of students labeled as “Parents” to keep track of the parent/guardian surveys returned.

Once the surveys are completed, gather and group according to class and ask the teacher to review the names to make sure they are legible. Once completed, they are to be returned to the project leader for tallying. Use the line list of students to make sure all surveys are accounted for. The project leader is then ready to provide the surveys to the designated school personnel for de-identification.

Survey de-identification

The designated school personnel will go through each survey and remove the student name once the unique identification number has been assigned and placed on each survey. As a reminder, a unique identification number should be assigned by the school so they are able to re-identify the students once the data has been entered. The designated school personnel should use the line list of students and, as a safety net, make sure both the name of the student and their unique identifier are noted on that line list. This helps ensure that the school can identify each student so follow-up is possible.

Data analysis

Analysis of the data is one of the most critical elements in this process. After completing the surveys, each district pilot lead will deliver the surveys to Nutrition and Health Services office at a date to be determined. The University of Louisville School of Public Health and Information Sciences (UL SPHIS) will enter all data for each school and provide both summary and comparative reports. This process will occur under the direction of faculty biostatisticians.

Assessing student attendance

Retrieve the log containing all student absences for the complete prior school year. Using the list of students who have completed the asthma survey, identify the total number of absences and the reason listed for that absence, by month if possible, and enter into a database. The student's unique identifier will be entered into this database, not the student's name. UL SPHIS has developed a simple Excel file for use in data entry. Biostatisticians at UL SPHIS will enter all de-identified absence data. In an effort to compare the number of and reason for (if available) student absences, the information contained in the Excel file will be sent electronically to UL SPHIS for analysis.

Assessing student achievement

SRI will be used since it is readily available for all students and maintained on site. If multiple SRI scores are available, use only one selected from the prior school year. If two were available, the second was used. If three were available, the middle (second) score is to be used. If no score is available, nothing is entered. Do not enter a zero as this will impact the analysis. UL SPHIS has developed a field for entry of this data in the database and will enter the de-identified data for the school, perform analysis, and provide individual school results. Comparative results will not be provided. The goal is to determine if there is a statistically significant difference between the SRI scores of the student with asthma when compared to the scores of students without asthma. This can potentially demonstrate the achievement impact of asthma on the student(s) with asthma.

Appendix 3 cont'd

Survey administration

Identify survey date. At least four weeks before that date, send a note home to all parents/guardians letting them know about the project and giving them the opportunity to notify you if they do not want their child to participate. Let them know it is not a research study but, instead, a means of identifying students who may need access to additional resources in order for them to be able to achieve their academic and health potentials. Let them know that no identifiable information will be shared. If your school has a specific policy regarding a project of this nature, be sure and talk with the principal so you are sure you adhere with your district policies. A sample letter is included in **Attachment B** of this manual.

Two weeks before the survey date, ask the records clerk to provide you with a line list of all students currently enrolled at the school. The project leader will need to make a copy of that list. Label one copy "Student" and the other "Parent". This will serve as a tally sheet so you know which student and which parent/guardian has returned their completed survey.

When you select the survey date, also pick a date about one week before that when you can review the project with all school faculty and staff.

During that meeting, plan on reviewing the following information:

- What is asthma and what are its health implications
- Share any information you have about how asthma impacts the students at your school
- Describe the project along with the project goals
- Propose how the survey will be administered and the date of choice
- Discuss any questions or reservations school faculty or staff may have regarding the project and/or the proposed date for survey distribution
- Distribute a copy of the student survey so teachers can see the questions that are included. Make copies on colored paper so that are easily identified as a survey and not inadvertently discarded or lost

Using the date you selected during the planning process, prepare to provide the survey to all students in a class. It is acceptable to read questions to students or answer general questions. Care should be taken so the teacher does not guide the student in their answers. Once completed, the teacher should collect all surveys, complete and attach the cover sheet, then return them to the project leader.

The leader should tally the number of surveys returned (according to class) then hand them over to the clerk who will be responsible for covering the student name and replacing it with a unique student identifier. Keep in mind that there must be a record in order to match up the student later with their SRI record. Since a later step will involve the school's ability to re-identify students, it is recommended that the unique identifier be something familiar to the school such as the student's assigned school number. Avoid using social security or a made-up number. Ask each teacher to keep a list of students who did not complete the survey in case you want to provide the survey to those students at a later date. When the list is completed, they should return that list to the project leader. Use the list of students labeled as "Students" to keep track of the surveys returned.

Parent survey tool. In an effort to gather additional information and validate the information provided by the student on the student survey, a similar survey will also be provided to each set of parents/guardians. The parent/guardian survey should be sent out the same week the student survey is performed. Make enough copies of the parent survey so one can be sent home with each student. Be sure and use a colored paper but not the same color as that used for the student survey. This will help keep them from becoming mixed. A copy of the parent survey is included as **Attachment D**.

Appendix 3 cont'd

Financial impact calculation

Financial impact of asthma is using the SEEK funding formula provided by the individual school district to UL SPHIS. You may not know this amount so it is important to identify the individual(s) in your district who can provide you with this information. The SEEK amount is multiplied by the number of hours/days missed by each individual student. These amounts are tallied for a total financial impact demonstrated only by those students that participated in survey. In addition, UL SPHIS biostatisticians will also calculate the total number of missed days/hours and compare between the group of students with asthma and those without asthma. The results will provide both an hourly/daily missed day comparison as well as a financial comparison.

Comparison with known health services information

The project leader should work with the school nurse, or designated health personnel, to determine the number of students known to have asthma based upon the existing reporting processes (Health Conditions or Health Alert Reports). This will be valuable in identifying any gap between known students and those discovered during the survey process. It is important for the individual school to know this information. If the school wishes to have help from UL SPHIS, they welcome the opportunity to include that information in any final report.

The Kentucky Task Force on Asthma Management in Schools

A sub-committee of individuals working on this task force is available to respond to inquiries from any school district and provide technical assistance. The sub-committee members include:

- Barbara Donica, RN, MA, Team Leader for Coordinated School Health, Kentucky Department of Education..502/564-5625 or Barbara.Donica@education.ky.gov.
- Karen Erwin, RN, MSN, State School Nurse Consultant, Kentucky Department of Education. 502/564-5625 or at Karen.Erwin@education.ky.gov.
- Pat Glass, RN, Health Coordinator/District School Nurse, Jessamine County Public Schools. 859/885-4179 x 129 or Patricia.Glass@jessamine.kyschools.us.
- Ruth Carrico, PhD, RN, University of Louisville School of Public Health and Information Services. 502/852-3992 or at ruth.carrico@louisville.edu
- Connie Buckley, RN, BSN, Respiratory Disease Program Manager, Kentucky Department for Public Health. 502/564-7996 x 3624 or Connie.Buckley@ky.gov

Biostatistical assistance

For questions or assistance with data entry and/or analysis, please contact Dr. John Myers, University of Louisville School of Public Health and Information Sciences, Department of Biostatistics and Bioinformatics at 502/852-3299 or at jamyer01@qwise.louisville.edu

Attachments

Attachment A- Sample Project Timeline

Attachment B- Sample Parent Letter

Attachment C- Student Survey

Attachment D- Parent Survey

Attachment E- Cover sheet

Appendix 3 cont'd

Sample Project Timeline

6 weeks before survey administration

- Discuss project with appropriate administrative level within the district, if needed
- Identify a school champion that will take the role of project leader
- Work with school personnel to pull together an attendance log of all students enrolled in the grades targeted for survey
- Determine a unique identifying number (i.e., student number) that will be used as a code to de-identify the student survey for data entry by the University of Louisville or other group

5 weeks before survey administration

- Review asthma with school personnel, stressing the importance of understanding its impact on student attendance and achievement
- Identify the number of students within STI with Asthma entered as a Health Alert or Health Condition. (Reports: STI Health Conditions Tallies or Health Alerts)
- Introduce survey and survey process
- Address questions and concerns
- Determine a date for the survey
- Identify the SEEK per day amount provided to you school. If you do not know this information, investigate the individual(s) at your district who can provide this information to you. Be prepared to share this information with the University of Louisville or other entity assisting with your final report.

4 weeks before survey administration

- Craft and send home a note to parent/guardian regarding the survey. Consider use of the sample letter provided in this manual
- Purchase supplies including 2 different colors of paper (one color for student survey and one for parent survey) and any other items needed by the individual classroom teachers
- Project leader retrieves line list of students from the school personnel who prepared the list and identifies an individual who can note SRI scores for each student.
- Project leader gives the line list of students to that individual so they can note SRI scores by each student name/ID number.

3 weeks before survey administration

- Send home letter to parents explaining the survey
- Evaluate health records of students and identify all students with an authorization form for asthma on file. This information will be used to compare the number of known students with the number newly identified through the survey process.

2 weeks before survey administration

- Project leader retrieves line list of students from the school personnel who has included SRI scores.
- Send home survey to parent/guardian. Make sure to use the color of paper different from the student survey

Appendix 3 cont'd

1 week before survey administration

- Project leader collects parent surveys from classrooms
- Give parent surveys to school individual so appropriate student identification number can be added to the parent survey
- Project leader reviews the survey process with all classroom teachers
- Make copies of student survey (different color from parent survey)
- Make copy of cover sheet
- Make packages of surveys and cover sheets so they can be distributed to the classroom teachers the day before the survey

Day before survey

- Give classroom teachers enough surveys for their specific classroom
- Give classroom teachers a cover sheet for the class in which the survey will be distributed
- Make sure packets are available in case substitute teachers are needed on the day of survey administration

Day of survey administration

- Project leader should go to each class and make sure the survey is administered
- Address any questions from substitute teachers
- Handout surveys to students
- Retrieve all surveys
- Attach cover sheet to stack and return to project leader
- Project leader will arrange to have student name obscured and replaced with unique identifier

1 week after survey administration

- Contact University of Louisville personnel and make arrangements to give them the de-identified student and parent surveys
- Provide the University of Louisville with your SEEK funding amount and the number of known students with asthma as was determined by review of Health Services asthma authorizations.

Within 30 days of receiving de-identified surveys

- University of Louisville personnel will provide a report of results back to project leader
- All original surveys will be returned to project leader

Appendix 3 cont'd

Date

Dear Parent/Guardian:

_____ County Schools is always looking for an opportunity to improve communications between parents and schools. The school system wants to identify any obstacle, or stumbling block, that might prevent your child from attending school and reaching his/her full potential in the classroom. We are asking for your help.

In our community, many students have asthma, which causes the student to have difficulty breathing. We recognize the challenges that our students face each day. We think that there may be more students with asthma than we realize. Asthma may keep a child from being able to sleep at night, concentrate in class, and participate in physical activity.

_____ County Schools is trying to determine how many students in _____ Middle School might have asthma. We will give students a short questionnaire during the week of _____. We will also send home a copy of that questionnaire for you to review and complete. When you receive that questionnaire, please return it to the school within 3 days.

The purpose of this questionnaire is not to diagnose your child. Instead, it asks questions such as: Does your child have difficulty breathing? Does your child wake up at night coughing? or Does your child use an inhaler? The information that you provide with this questionnaire will help us determine the impact that asthma is having on our middle school students. *All of the information that you provide will be protected and kept confidential.*

Thank you in advance for your help with this questionnaire. Your child's education is important to us. If you have any questions or concerns regarding the questionnaire, please let us know. The phone number is _____.

Sincerely,

Principal

Appendix 3 cont'd

STUDENT QUESTIONNAIRE

Name _____ Age _____ Grade _____ Teacher _____

Race: African American Asian American Hispanic White Native American Other

Please tell us how often you have any of the following:

1. My breathing sounds noisy or wheezy.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
2. It is hard to take a deep breath.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
3. It is hard for me to stop coughing.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
4. My chest feels tight or hurts after I run, play hard, or do sports.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
5. I wake up at night coughing.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
6. I wake up at night because I have trouble breathing.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
7. I cough when I run, climb stairs or play sports.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
8. My eyes get itchy, puffy or burn.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT
9. I have problems with a runny or stuffy nose.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>
	NEVER	SOMETIMES	A LOT

Please answer the following questions:

10. A doctor or nurse told me that I have asthma.	<input type="radio"/>	<input type="radio"/>
	YES	NO
11. I stayed in the hospital overnight for asthma or trouble breathing this past year.	<input type="radio"/>	<input type="radio"/>
	YES	NO
12. I take medicine or use an inhaler for asthma.	<input type="radio"/>	<input type="radio"/>
	YES	NO
13. I take medicine for allergies.	<input type="radio"/>	<input type="radio"/>
	YES	NO

SUGGESTED SCORING KEY

Asthma: For Questions 1 through 7, assign a "1" for each "sometimes" or "a lot" response. Add the scores. If the total is 3 or more, referral for asthma diagnosis may be indicated. A total score of 3 has an estimated sensitivity of 80% and specificity of 70%, according to the clinical predictability of the questionnaire in a validation study.*

Allergy: For Questions 8 and 9, assign a "1" for each "sometimes" or "a lot" response. Add the scores. If the total is 1 or more, referral for allergy diagnosis may be indicated. A score of 1 has an estimated sensitivity of 81% and specificity of 42%, according to the clinical predictability of the questionnaire in a validation study.*

* *Ann Allergy, Asthma Immunol.* 2004;93:36-48. Copyright 2004. Permission is hereby granted for the reproduction of this questionnaire as it appears for use by school-based allergy and asthma screening programs.

Appendix 3 cont'd

PARENT OR GUARDIAN QUESTIONNAIRE

Student's Name _____ Age ____ Grade ____ Teacher _____

Student's Race: African American Asian American Hispanic White Native American Other

Please tell us how often your child has any of the following. (If your child has more problems in some seasons of the year, please tell us about problems during the worst season.) Does your child . . .

1. Make noisy or wheezy sounds when breathing?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
2. Have a hard time taking a deep breath?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
3. Develop coughs that won't go away?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
4. Complain about a chest that feels tight or hurts after running, playing hard, or doing sports?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
5. Wake up at night coughing?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
6. Wake up at night because of trouble breathing?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
7. Cough when running, climbing stairs or playing sports?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
8. Miss days of school (absent from school) because of breathing problems?	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
9. Have eyes that itch, get puffy or burn.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know
10. Have problems with a runny, stuffy nose.	<input type="radio"/>	<input type="radio"/>	<input checked="" type="radio"/>	<input type="checkbox"/>
	NEVER	SOMETIMES	A LOT	Don't Know

Please answer the following questions about your child:

11. Has a doctor or nurse told you that your child has asthma, reactive airway disease or wheezy bronchitis?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	YES	NO	Don't Know
12. Has your child stayed in the hospital overnight for asthma or for trouble breathing this past year?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	YES	NO	Don't Know
13. Does your child take medicine (or use an inhaler) for asthma?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	YES	NO	Don't Know
14. Does your child take medicine for allergies?	<input type="radio"/>	<input type="radio"/>	<input type="checkbox"/>
	YES	NO	Don't Know

SUGGESTED SCORING KEY

Asthma: For Questions 1 through 8, assign a "1" for each "sometimes" or "a lot" response. Add the scores. If the total is 2 or more, referral for asthma diagnosis may be indicated. A total score of 2 has an estimated sensitivity of 58% and specificity of 89%, according to the clinical predictability of the questionnaire in a validation study.^{*}

Allergy: For Questions 9 and 10, assign a "1" for each "sometimes" or "a lot" response. Add the scores. If the total is 1 or more, referral for allergy diagnosis may be indicated. A score of 1 has an estimated sensitivity of 78% and specificity of 53%, according to the clinical predictability of the questionnaire in a validation study.^{*}

^{*} *Ann Allergy, Asthma Immunol.* 2004;93:36-48. Copyright 2004. Permission is hereby granted for the reproduction of this questionnaire as it appears for use by school-based allergy and asthma screening programs.

Appendix 3 cont'd

Cover sheet that should be attached to the stack of completed surveys from each classroom

Teacher name: _____ Grade: _____ Section: _____

Date of survey: _____

A. Number of students enrolled in the class: _____

B. Number in attendance in class the date of the survey: _____

C. Number of students opting out of the survey: _____

D. Number of students completing survey: _____ (This should be $B - C = D$)

Please attach this sheet to the stack of surveys completed in each classroom.

Appendix 4: Sample Asthma ID Letter

Sample asthma identification letter

Dear Parent,

Our school makes a special effort to ensure that all of our students have the best opportunity to be healthy in school because we believe that healthy students have the best chance at academic success. One of the most common causes of health problems in children is asthma. Because the disease is so common, we need to identify all students who have asthma in our school so that we can know how to respond if they have asthma symptoms while at school.

If your child has asthma, please fill out the enclosed form (KSBA Emergency Information Form 09.224 AP.21) and return it to the school. Once you fill out the form we will send home:

- A Medication Authorization Form to have your child's healthcare provider fill out if they need to carry rescue inhaler medication at school.
- An Asthma Care Plan, also to be filled out by a healthcare provider, that tells the school what to do if your child is having asthma symptoms.

Thank you for partnering with us to make our school a healthy place for children.

Sincerely,

Your Principal

_____ of _____ class has asthma.
(Child's name) (Teacher's name)

Appendix 5: Protocol for Responding to an Asthma Episode¹⁰

Protocol for Responding to an Asthma Episode

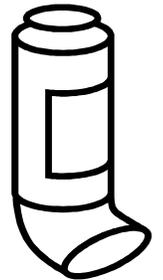
If a student is coughing, wheezing, short of breath, or has chest tightness:

1

Help child to sit upright: speak calmly and reassuringly

2

Follow the student's Asthma Action Plan for use of quick-relief inhaler



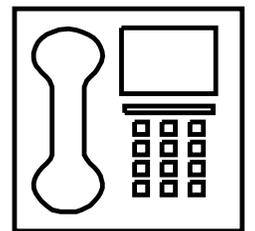
3

If quick-relief inhaler is not available, call school nurse or designated staff member to come and assess the student.

4

Get emergency help from nurse or designated staff if student has any of these:

- Inhaler not helping
- Breathing hard and fast
- Nostrils open wide
- Can't walk or talk well



Designated staff: Name _____ Room # _____ Phone _____

Name _____ Room # _____ Phone _____

CALL

911

If not breathing, unconscious, lips are blue, struggling to breathe (hunched over or ribs show) or other signs of distress notify parent or guardian.

Appendix 6: Roles and Responsibilities

Roles and responsibilities for creating asthma friendly schools		
	Bus driver	Healthcare provider
Identify students with asthma	Know which students on your bus have asthma. Ask them if they are sensitive to diesel exhaust, cold temperatures or specific allergens.	Ensure that all school age children in your practice with asthma are given medication authorization forms and asthma action plans to provide to the school each year.
Allow students easy access to their inhalers	Understand schools policies related to carrying asthma medication. Allow students with medication authorization forms to carry rescue medication on the school bus.	Educate school age children about how to self carry and administer their asthma medication. If students are not old enough to self carry, work with parents & school nurse to create an alternate plan for medication access at school.
Create school wide protocol for handling an asthma episode	Know school protocol for handling an asthma episode and display it in the bus if possible. Feel comfortable with your ability to respond if a student has an asthma attack.	Work with the parent and child to create an individualized asthma action plan for school. Work with the school nurse and/or parent to support the plan's implementation at school.
Identify and reduce common asthma triggers	Reduce diesel emissions by not idling near the school building. Work with school administrators and other bus drivers to create a school-wide "no idle" policy.	On the student's asthma action plan, list student-specific triggers. Work with parents and student on ways to avoid environmental triggers both at home and at school.
Enable students with asthma to participate in school activities.	At out-of-town school activities, turn off school bus engines to reduce diesel emissions.	If students have exercise induced asthma, create plan for pretreatment. Provide copy of the plan to the school.
Provide education to personnel, parents and students	Educate yourself on how to assist students with asthma. Learn more about the health effects of diesel emissions at: www.epa.gov/cleanschoolbus/	Educate students and parents about the proper use of medications and asthma action plans. Work with school nurses to advocate for proper health procedures in schools.
Collaborate with families, students, staff and healthcare providers	Work with students, parents and school staff to make your bus a safe place for students with asthma.	Work closely with parents, students and school nurses to ensure safety and health at school.

Appendix 6: Roles and Responsibilities

Roles and responsibilities for creating asthma friendly schools		
	Parents	Students
Identify students with asthma	Provide copies of medication authorization form to the school. Contact the school nurse to discuss your child's asthma at the beginning of the school year.	Take home medication authorization form and return them to your teacher, signed by both your parent and doctor.
Allow students easy access to their inhalers	Find out your school's asthma medication policy. Be sure your child has easy access to rescue medication.	Have your inhaler with you at all times or know where it is stored. Know how to safely use your inhaler when you have symptoms.
Create school wide protocol for handling an asthma episode	Work with the school nurse or your child's doctor to create an asthma action plan describing what to do if your child has an asthma episode at school.	Give your teacher a copy of your asthma action plan. Tell your teacher when your asthma is bothering you.
Identify and reduce common asthma triggers	Let your child's teacher know what triggers can affect his/her asthma. Educate your child about his/her triggers and how to avoid them.	Know your asthma triggers and have a plan for handling them. Let your teacher know if you think that anything in the school is affecting your asthma.
Enable students with asthma to participate in school activities	Review with your child how to prevent and handle symptoms related to exercise.	Bring your rescue inhaler to outdoor activities, field trips and gym class. Communicate with your teachers if an activity is causing your asthma to flare.
Provide education to personnel, parents and students	Educate your child about recognizing symptoms of worsening asthma, communicating with an adult when in need of help, and using rescue medication.	Learn about asthma by attending educational programs, reading about asthma and talking with your doctor.
Collaborate with families, students, staff and healthcare providers	Work with your school to create an asthma friendly environment for your child. Advocate for good asthma policies and asthma education.	Talk with your teachers, substitutes, school nurse and other adults and friends at school about your asthma and how they can help you.

Appendix 6 cont'd

Roles and responsibilities for creating asthma friendly schools		
	School Board	Principal/Administrators
Identify students with asthma	Implement annual process to identify students in school with asthma and collect medication authorization forms and asthma action plans.	Distribute asthma identification forms annually. For students with asthma, collect medication authorization forms and asthma action plans and distribute to appropriate teachers and staff. Insert information into Infinite Campus Health Alert and Health Conditions
Allow students easy access to their inhalers	Ensure that school policy allows students to carry inhalers in compliance with Kentucky law .	Encourage students to 1) provide asthma medication forms to the school & carry their own inhalers or 2) store inhalers in a safe, accessible location per school policy
Create school wide protocol for handling an asthma episode	Advocate for all schools to have a school wide process for handling asthma episodes	Create and display protocol for responding to an asthma episode in school offices and classrooms.
Identify and reduce common asthma triggers	Advocate and provide support for all schools to identify and reduce common asthma triggers and promote indoor air quality (IAQ) management.	Work with maintenance staff and teachers to monitor for and take action to reduce asthma triggers. Consider using "Tools for Schools" IAQ Action Kit in your school
Enable students with asthma to participate in school activities	Support the value and expectation that children with asthma should be participating in all school related activities	Implement policy ensuring that students with exercise induced asthma can pre-treat before exercise. Distribute materials on activity modification and pretreatment to coaches and health enhancement staff.
Provide education to personnel, parents and students	Advocate for schools to have access to asthma related information and provide asthma education	Provide asthma resources for school office and library. Support other opportunities for education, especially for staff on handling asthma attacks.
Collaborate with families, students, staff and healthcare providers	Regularly discuss policy changes and current practices related to asthma with key stakeholders. Support the use of school nurses in all schools.	Identify an individual to act as an asthma champion for the school community and advocate for the presence of a school nurse.

Appendix 6 cont'd

Roles and responsibilities for creating asthma friendly schools		
	School Nurse	Teacher
Identify students with asthma	Ensure that your school has a process to identify children with asthma at your school. Work with parents, students and physicians to create action plans for students with asthma.	Collect medication authorization forms and asthma action plans for students in your class with asthma.
Allow students easy access to their inhalers	Ensure completion of medication authorization forms and asthma action plans.	Encourage students to carry their own inhalers or store them in a safe, accessible location. Feel comfortable with your ability to assist a student with using an inhaler
Create school wide protocol for handling an asthma episode	Educate teachers and other staff about protocol for handling an asthma episode. Ensure that school staff know how to contact you if a students has an attack.	1.) Know the protocol for handling an asthma episode,2.) Know where to access the student, 3.) Consult Resource Tools for Schools' indoor asthma action plan.
Identify and reduce common asthma triggers	Work with students who have frequent asthma symptoms to identify triggers and advocate for environmental changes to reduce triggers in the school.	Know students' asthma triggers and take action to reduce when possible. Ensure proper ventilation of classroom and avoid strong smelling cleaners and chemicals.
Enable students with asthma to participate in school activities	Educate health teachers and coaches about pretreatment for asthma. Advocate for easy access to medications during recess and P.E. class.	Modify activities for children with asthma. Avoid extreme temperatures and allow a period of warm up before physical activity.
Provide education to personnel, parents and students	Seek out continuing education about pediatric asthma care. Consider becoming a certified asthma educator. http://www.naeb.org/ Provide education to other school staff about the disease as needed.	Use asthma resources to learn more about handling asthma. Work with school nurse to implement care plan for students in your class with asthma.
Collaborate with families, students, staff and healthcare providers	Coordinate communication between healthcare providers, parents and the school to optimize care for students with asthma. Communicate with parents if you notice persistent/worsening asthma symptoms.	Inform parents, school nurse and administrators when students show signs of asthma or have frequent symptoms.

Appendix 6 cont'd

Roles and responsibilities for creating asthma friendly schools		
	Office staff	Maintenance Staff
Identify students with asthma	According to school policy distribution/collection of medication authorization forms and asthma action plans as needed.	If possible, identify which children are affected by asthma in which classrooms.
Allow students easy access to their inhalers	Provide for safe, accessible storage of asthma and anaphylaxis medication as needed.	Understand the school policy for students to self carry their rescue medication.
Create school wide protocol for handling an asthma episode	Know the protocol for handling an asthma episode and feel comfortable assisting a student with the use of his/her inhaler	Know the protocol for handling an asthma episode.
Identify and reduce common asthma triggers	Recognize common asthma triggers in the school environment and alert maintenance staff if triggers are present.	Work to reduce triggers, especially in classrooms where children have asthma. Use low VOC cleaners. Consult "Tools for Schools" IAQ Action Kit to aid in trigger reduction.
Provide education to personnel, parents and students	Review asthma related education materials, including how to respond when a child's asthma worsens.	Learn more about simple ways to reduce asthma triggers in the school setting. Visit: http://epa.gov/iaq/schools/asthma.html
Collaborate with families, students, staff and healthcare providers	Work with school nursing staff, teachers and administrators to provide a safe environment for students with asthma and coordinate emergency response efforts.	Work with administrators, teachers and school nurse in effort to reduce asthma triggers in your school.

Appendix 7: Reducing Asthma Triggers in the School Setting¹¹

Reducing asthma triggers in the school setting

Exhaust from school buses and other vehicles

- Clean School Bus USA (<http://www.epa.gov/cleanschoolbus>)
- What You Should Know About Diesel Exhausted School Bus Idling (<http://www.epa.gov/otaq/retrofit/documents/f03o21.pdf>)
- Create a “no-idling” policy that prohibits buses and other vehicles from idling near the school

Tobacco and Wildfire Smoke

- Enforce no-smoking policies on school grounds and at all school functions
- Encourage parents to avoid smoking indoors, in cars, or around children
- If there are wild fires near the school, close windows to keep smoke out of the indoor air environment and allow students with asthma to have recess and lunch breaks indoors

Pets

- Avoid classroom pets with fur or feathers and position students known to be allergic to animals away from their location in the room
- Consider having a pet-free school

Pests

- Do not leave food or garbage out and position dumpsters away from school buildings
- Store food in airtight containers
- If pests are present, control them using Integrated Pest Management (www.epa.gov/pesticides/ipm)
- Limit pesticide spray to infested area

Molds

- Fix all leaky plumbing and other sources of water entry into the school
- Wash mold from surfaces and allow them to dry completely
- Keep drip pans in air conditioning units, refrigerators, and dehumidifiers dry and clean

Cold Air and Weather Changes

- Encourage children to cover their nose and mouth with a scarf on cold or windy days
- Use air conditioners during humid, windy, or high allergy conditions
- Be aware of forecasted weather conditions. Encourage susceptible children to avoid too much activity during extreme weather

Allergens

- Keep windows closed if possible during times when pollen levels are high
- Avoid highly allergic foods in school menus. Care plans should be in place for students known to have food allergies. High allergy foods include eggs, nuts, and peanut butter

Strong Odors and Sprays

- Encourage school staff to avoid wearing strong perfumes, cologne, and hair sprays
- Use no/low VOC (volatile organic compounds) paints, adhesives and cleaning products in the school
- Ensure adequate ventilation near art supplies and laboratory chemicals
- Provide maintenance annually for the school’s heating, ventilating and air conditioning (HVAC) system to ensure optimal climate management and indoor air quality

Respiratory Infections

Encourage students to:

- Have an annual flu shot
- Wash hands with soap and water regularly, especially during the cold and flu season
- Follow-up with a healthcare provider at the first signs of a respiratory infection

Appendix 8: Ten Reasons Your School District Should be Tobacco-Free



10 REASONS YOUR SCHOOL DISTRICT SHOULD BE TOBACCO-FREE!

100% Tobacco-free schools provide positive role modeling by adult employees and visitors.

A 100% tobacco-free school (TFS) policy represents a firm commitment by school administration, teachers and parents to prohibit tobacco use by students, employees and visitors. Compliance with the TFS policy confirms this commitment and provides genuine opportunities for adults and peers to serve as role models for not using tobacco. A 2003 study found that students were more likely to smoke in locations where they saw other students and adults smoking. In addition, youth look to adults they respect, such as teachers and school staff, as role models. For these reasons, it is important that all school staff serve as positive role models for students and not use any tobacco products in their presence.

Lessons learned in the classroom are reinforced with a 100% TFS policy.

Tobacco use prevention education is an essential element of comprehensive school health programs. Curricula often teach resistance skills to help children learn to say no to offers of alcohol, tobacco and other drugs. Coaches of athletic teams regularly prohibit tobacco use by team members. School hallways and bulletin boards often display prevention messages. Children get a mixed message if they step outside their classrooms to view clusters of teachers, visitors or staff using tobacco on school grounds. Schools and school events that are not tobacco-free send conflicting messages to students about tobacco use.

100% TFS districts provide a safe environment for students by reducing exposure to secondhand tobacco smoke.

Children are especially sensitive to the effects of secondhand smoke. Passing by an outdoor smoking area can trigger an asthma attack or worsen breathing problems for many students. As little as 30 minutes of exposure to secondhand smoke can affect the coronary arteries of healthy, young nonsmokers. It causes acute and chronic respiratory disease, ear and upper respiratory infections — all primary causes of school absences.

100% TFS policies protect children from developing an addiction to a dangerous drug.

The U.S. Food and Drug Administration classifies nicotine as a drug. School policies do not allow the use of other drugs or alcohol on school grounds or at school sponsored events. Why should an exception be made for nicotine and tobacco?

Appendix 8 cont'd

100% TFS policies comply with Federal Legislation prohibiting smoking inside school buildings.

The Pro Children Acts of 1994 and 2001 state the following: "No person shall permit smoking within any indoor facility utilized for services to kindergarten, elementary, or secondary education or library services to children." Children's services for routine health care or day care or early childhood development are also included. This applies to all schools and programs that are funded by federal state or local governments.

100% TFS policies work in conjunction with state and federal laws.

Federal law requires federally funded school districts to ban smoking in their "indoor facilities." However, the law specifically allows states and schools districts to have more restrictive laws.

100% TFS policies help compliance with state laws designed to limit access to tobacco by children.

State law prohibits the sale or distribution to and possession of tobacco products by people under age 18. Schools districts can uphold the intent of the law by crafting policies that prohibit tobacco possession or use by students, and use by employees and visitors at all times, in all school buildings, on all school grounds and at all school sponsored events.

100% TFS policies prepare students for the reality of tobacco-free workplaces and communities.

Tobacco-free workplaces are quickly becoming the rule rather than the exception. TFS policies prepare students for tobacco-free worksites, restaurants, airplanes, malls and more.

100% TFS policies protect schools from the risk of future liability by prohibiting smoking on school premises.

Individuals have recovered damages in lawsuits because their employers failed to provide a safe, smoke-free work environment. With the rise in the number of children with asthma, there may be grounds for future lawsuits against schools, particularly if an asthma attack or other respiratory problems are triggered because a child is exposed to tobacco smoke in a school setting.

100% TFS reduces the risk of fires due to "smoking materials."

"Smoking material fires - started with lighted tobacco products rather than lighters or matches - are the leading cause of fire deaths in the U.S. Lighted cigarettes can be easily tossed into school trash cans, dumpsters, landscaping and more placing schools and school children at increased risk of injury due to fires. For more information, visit www.nfpa.org.

Source: Material listed here was adapted from both the NC Tobacco Prevention and Control Branch and the Grass Roots Guide for Tobacco-Free Schools in North Carolina.

Appendix 9: Assisting Students with Exercise Induced Asthma¹²

Assisting Students with Exercise Induced Asthma

Know which students have Exercised Induced Asthma (EIA)

- Ask your school nurse or use student health information to identify those students who have a diagnosis of asthma or a history of asthma symptoms with physical activity.
- Ask for a copy of each student's asthma action plan or healthcare plan. Keep the copies easily available for all on-site and off-site activities.
- Discuss with students (and parents, if appropriate) their unique challenges relate to physical activity and what types of exercise and other environmental factors tend to trigger their asthma.
- Take appropriate steps to inform a student's parents/guardians and the school nurse if the student frequently experiences asthma symptoms during physical activity. The student's asthma plan may need to be re-evaluated by the student's healthcare provider because most students with asthma should be able to participate fully in physical activities, most of the time.
- 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 and as needed for acute symptoms.

Encourage Students to Prepare for Physical Exercise

- Students who have been prescribed pre-exercise treatment (usually an inhaled quick-relief bronchodilator) should take their medicine 5 to 10 minutes prior to exercise
- Encourage a period of warm-up activity before exertion (e.g., walking, flexibility exercises, or other low-intensity activities).
- Check the student's asthma action plan for information about his or her triggers, and help the student avoid them when possible. Each student with asthma is sensitive to different factors in the environment. Common triggers include dust, pollen, mold, air pollution, and smoke. Cold, dry air can also trigger asthma; wearing a scarf or cold air mask will help because it warms and humidifies the air before it reaches the airways.

Consider Modified Exercise as Needed

- If a student has obvious wheezing or breathing difficulty, have the student treat his/her symptoms according to the asthma care plan. The treatment is usually a prescribed inhaled quick-relief bronchodilator. Physical activity may then be either resumed, modified or halted, depending on the student's response to treatment.
- When a student is having mild symptoms or when triggers are present, consider modifying the intensity, location, or duration of physical activity. Very intense, continuous activity is more likely to cause asthma symptoms than intermittent or very light/non-aerobic exercise (e.g., walking, some field events, or weight training). There is no perfect physical activity for people with exercise-induced asthma. All sports are tolerated well when a student's asthma is under control.
- When environmental conditions are bad (e.g., wildfire smoke in the air, high pollen counts, freshly cut or sprayed fields) students with asthma may need to avoid being physically active outdoors.

Appendix 10: Asthma Education Resources

Asthma Education Resources

Classroom Curriculum

- Asthma Awareness: Curriculum for the Elementary Classroom (Grades K-6)
Sponsor: National Heart Lung and Blood Institute
Location: www.nhlbi.nih.gov/health/prof/lung/asthma/school/index.htm
- Open Airways (Grades K-5)
Sponsor: American Lung Association
Location: www.lungusa.org
- Environmental Health Sciences Education (Grades 7-12)
Sponsor: National Institute of Environmental Health Sciences
Location: www.niehs.nih.gov/health/scied/

Resources for Staff

- Strategies for Addressing Asthma Within a Coordinated School Health Program.
Sponsor: CDC
Location: cdc-info@cdc.gov
- Indoor Air Quality Tools for Schools Kit The *Indoor Air Quality Tools for Schools (IAQ TIs)* Kit shows schools how to carry out a practical plan of action to improve indoor air problems at little or no cost using straightforward activities and in-house staff.
Sponsor: Environmental Protection Agency
Location: www.epa.gov.iaq/schools/index.html
- Staff specific guides for managing asthma in schools: Teachers, administrators, custodial staff etc.
Sponsor: Minnesota Department of Health
Location: www.health.state.mn.us/asthma/schoolmanual.html
- Administrators: Asthma Wellness: Keeping children with asthma in school and learning
Sponsor: School Governance and Leadership
Location: www.aasa.org/files/PDFs/Publications/Spring_20031.pdf
- 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
- Asthma and Allergy Toolkit for School Nurses
Sponsor: American Academy of Asthma Allergy and Immunology
Location: www.aaaai.org/members/allied_health/tool_kit
- Asthma Materials for Schools
Sponsor: National Heart, Lung and Blood Institute
Location: www.nhlbi.nih.gov/health/prof/lung/index.htm
- Strategies for Addressing Asthma Within a Coordinated School Health Program With Updated Resources Revised 2006
- Asthma 1-2-3 Facilitator Training <http://www.midlandlung.org>

Resources for Parents

- Allergy and Asthma Network Mothers of Asthmatics
Location: www.aanma.org
- American Lung Association
Location: www.lungusa.org
- Asthma and Allergy Foundation of America
Location: www.aafa.org

Appendix 11: KRS 158.834

158.834 Self-administration of medications by students with asthma or anaphylaxis
- Authorization -- Written statement -- Acknowledgment of liability limitation
- Duration of permission.

- (1) The board of each local public school district and the governing body of each private and parochial school or school district shall permit the self-administration of medications by a student with asthma or by a student who is at risk of having anaphylaxis if the student's parent or guardian:
 - (a) Provides written authorization for self-administration to the school; and
 - (b) Provides a written statement from the student's health care practitioner that the student has asthma or is at risk of having anaphylaxis and has been instructed in self-administration of the student's prescribed medications to treat asthma or anaphylaxis. The statement shall also contain the following information:
 1. The name and purpose of the medications;
 2. The prescribed dosage;
 3. The time or times the medications are to be regularly administered and under what additional special circumstances the medications are to be administered; and
 4. The length of time for which the medications are prescribed.
- (2) The statements required in subsection (1) of this section shall be kept on file in the office of the school nurse or school administrator.
- (3) The school district or the governing body of each private and parochial school or school district shall inform the parent or guardian of the student that the school and its employees and agents shall incur no liability as a result of any injury sustained by the student from the self-administration of his or her medications to treat asthma or anaphylaxis. The parent or guardian of the student shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school and its employees against any claims relating to the self-administration of medications used to treat asthma or anaphylaxis. Nothing in this subsection shall be construed to relieve liability of the school or its employees for negligence.
- (4) The permission for self-administration of medications shall be effective for the school year in which it is granted and shall be renewed each following school year upon fulfilling the requirements of subsections (1) to (3) of this section.

Effective: April 21, 2004

History: Amended 2004 Ky. Acts ch. 132, sec. 6, effective April 21, 2004. -- Created 2002 Ky. Acts ch. 50, sec. 3, effective July 15, 2002.

Appendix 12: KRS 158.836

158.836 Possession and use of asthma or anaphylaxis medications.

Upon fulfilling the requirements of KRS 158.834, a student with asthma or a student who is at risk of having anaphylaxis may possess and use medications to treat the asthma or anaphylaxis when at school, at a school-sponsored activity, under the supervision of school personnel, or before and after normal school activities while on school properties including school-sponsored child care or after-school programs.

Effective: April 21, 2004

History: Amended 2004 Ky. Acts ch. 132, sec. 7, effective April 21, 2004. -- Created 2002 Ky. Acts ch. 50, sec. 4, effective July 15, 2002.

Appendix 13: KRS 156.502

156.502 Health services in school setting -- Designated provider -- Liability protection.

(1) As used in this section:

(a) "Health services" means the provision of direct health care, including the administration of medication; the operation, maintenance, or health care through the use of medical equipment; or the administration of clinical procedures. "Health services" does not include first aid or emergency procedures; and

(b) "School employee" means an employee of the public schools of this Commonwealth.

(2) Health services shall be provided, within the health care professional's current scope of practice, in a school setting by:

(a) A physician who is licensed under the provisions of KRS Chapter 311;

(b) An advanced registered nurse practitioner, registered nurse, or licensed practical nurse who is licensed under the provisions of KRS Chapter 314; or

(c) A school employee who is delegated responsibility to perform the health service by a physician, advanced registered nurse practitioner, or registered nurse; and

1. Has been trained by the delegating physician or delegating nurse for the specific health service, if that health service is one that could be delegated by the physician or nurse within his or her scope of practice; and

2. Has been approved in writing by the delegating physician or delegating nurse. The approval shall state that the school employee consents to perform the health service when the employee does not have the administration of health services in his or her contract or job description as a job responsibility, possesses sufficient training and skills, and has demonstrated competency to safely and effectively perform the health service. The school employee shall acknowledge receipt of training by signing the approval form. A copy of the approval form shall be maintained in the student's record and the personnel file of the school employee. A delegation to a school employee under this paragraph shall be valid only for the current school year.

(3) If no school employee has been trained and delegated responsibility to perform a health service, the school district shall make any necessary arrangement for the provision of the health service to the student in order to prevent a loss of a health service from affecting the student's attendance or program participation. The school district shall continue with this arrangement until appropriate school personnel are delegated the responsibility for health care in subsection (2) of this section.

Appendix 13 cont'd

- (4) A school employee who has been properly delegated responsibility for performing a medical procedure under this section shall act as an agent of the school and be granted liability protection under the Federal Paul P. Coverdell Teacher Liability Protection Act of 2001, Pub. L. No. 107-110, unless the claimant establishes by clear and convincing evidence that harm was proximately caused by an act or omission of the school employee that constitutes negligence, willful or criminal misconduct, or a conscious, flagrant indifference to the rights and safety of the individual harmed.
- (5) Nothing in this section shall be construed to deny a student his or her right to attend public school and to receive public school services, or to deny, prohibit, or limit the administration of emergency first aid or emergency procedures.

Effective: July 15, 2002

History: Created 2002 Ky. Acts ch. 294, sec. 2, effective July 15, 2002.

Appendix 14: Kentucky Board of Nursing Advisory Opinion Statement #15 Supervision and Delegation

AOS # 87-15 Supervision and Delegation

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ADVISORY OPINION STATEMENT

ROLES OF NURSES IN THE SUPERVISION AND DELEGATION OF NURSING ACTS TO UNLICENSED PERSONNEL

The Kentucky Board of Nursing is authorized by Kentucky Revised Statutes Chapter 314 to regulate nurses, and nursing education and practice; to promulgate administrative regulations, and issue advisory opinions on nursing practice, in order to assure that safe and effective nursing care is provided by nurses to the public.

Effective January 1, 1993 the Board promulgated 201 KAR 20:400 Delegation of nursing tasks to unlicensed persons. This advisory opinion statement, originally issued in 1987, continues in effect as a guideline to nurses on the supervision and delegation of tasks to unlicensed personnel who provide nursing assistance in order to assure that nursing care is provided in a safe and effective manner.

KENTUCKY NURSING LAWS--KRS CHAPTER 314 AND ADMINISTRATIVE REGULATIONS

KRS 314.021(2) holds all nurses responsible and accountable for making decisions that are based upon the individual's educational preparation and experience in nursing.

KRS 314.011(2) defines "delegation" as:

... Directing a competent person to perform a selected nursing activity or task in a selected situation under the nurse's supervision and pursuant to administrative regulations promulgated by the board in accordance with the provisions of KRS Chapter 13A.

201 KAR 20:400 governs delegation of nursing tasks to unlicensed persons.

KRS 314.031(1) states: "It shall be unlawful for any person to call or hold himself out as or use the title of nurse or to practice or offer to practice as a nurse unless licensed under the provisions of this chapter."

KRS 314.011(6) defines "registered nursing practice" as:

...The performance of acts requiring substantial specialized knowledge, judgment, and nursing skill based upon the principles of psychological, biological, physical, and social sciences in the application of the nursing process in:

- a) The care, counsel, and health teaching of the ill, injured or infirm;
- b) The maintenance of health or prevention of illness of others;

Appendix 14 cont'd

- c) The administration of medication and treatment as prescribed by physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses. Components of medication administration include, but are not limited to:
 - 1. Preparing and giving medication in the prescribed dosage, route, and frequency, including dispensing medications only as defined in subsection (17)(b) of this section;
 - 2. Observing, recording, and reporting desired effects, untoward reactions, and side effects of drug therapy;
 - 3. Intervening when emergency care is required as a result of drug therapy;
 - 4. Recognizing accepted prescribing limits and reporting deviations to the prescribing individual;
 - 5. Recognizing drug incompatibilities and reporting interactions or potential interactions to the prescribing individual; and
 - 6. Instructing an individual regarding medications.
- d) The supervision, teaching of, and delegation to other personnel in the performance of activities relating to nursing care; and
- e) The performance of other nursing acts which are authorized or limited by the board, and which are consistent either with American Nurses' Association Standards of Practice or with Standards of Practice established by nationally accepted organizations of registered nurses.

KRS 314.011(10) defines "licensed practical nursing practice" as:

...The performance of acts requiring knowledge and skill such as are taught or acquired in approved schools for practical nursing in:

- a) The observing and caring for the ill, injured, or infirm under the direction of a registered nurse, a licensed physician, or dentist;
- b) The giving of counsel and applying procedures to safeguard life and health, as defined and authorized by the board;
- c) The administration of medication or treatment as authorized by a physician, physician assistant, dentist, or advanced registered nurse practitioner and as further authorized or limited by the board which is consistent with the National Federation of Licensed Practical Nurses or with Standards of Practice established by nationally accepted organizations of licensed practical nurses;
- d) Teaching, supervising, and delegating except as limited by the board; and
- e) The performance of other nursing acts which are authorized or limited by the board and which are consistent with the National Federation of Licensed Practical Nurses' Standards of Practice or with Standards of Practice established by nationally accepted organizations of licensed practical nurses.

Appendix 14 cont'd

ADVISORY OPINION

In accordance with KRS 314.021(2), nurses are held responsible and accountable for their decisions regarding the supervision and delegation of nursing acts to unlicensed personnel who provide nursing assistance, based upon the nurse's educational preparation and experience in nursing.

It is the opinion of the Board that:

1. Based upon the statutes governing registered nursing practice, the focus of registered nursing practice is on the application of substantial specialized knowledge, judgment and nursing skill in the assessment, planning, implementation and evaluation of nursing care. Therefore, the registered nurse is responsible and accountable for:
 - a) Clinical decision-making regarding nursing care, and assuring that care is provided in safe and competent manner.
 - b) Utilizing 201 KAR 20:400 (Delegation of nursing tasks to unlicensed persons) and determining which nursing acts in the implementation of care can be delegated and to whom. When the registered nurse delegates selected nursing acts, the responsibility and accountability of total nursing care of an individual remains with the registered nurse.
 - c) Providing supervision of unlicensed personnel who provide nursing assistance.
2. The licensed practical nurse, practices under the direction of a registered nurse, advanced registered nurse practitioner, physician, or dentist, and may supervise and delegate nursing acts to unlicensed persons in accordance with 201 KAR 20:400 except in a school setting. Under KRS 156:502 (2) a school employee is delegated responsibility to perform a health service by a physician, advanced registered nurse practitioner or registered nurse.
3. In a supervising capacity, the registered nurse should provide direction and assistance to those supervised, observe and monitor the activities of those supervised, and evaluate the effectiveness of acts performed under supervision.
4. Only those nursing acts commensurate with the educational preparation and demonstrated ability of the person who will perform the act may be delegated to others. Therefore, the nurse should assure that the individual performing the act has the necessary educational preparation and validation of competence in order to perform the act in a safe manner.

Acts which require substantial specialized nursing knowledge, judgment and skill should be performed only by registered nurses.

Acts which require nursing knowledge and skill in implementing a plan of care should not be delegated to an unlicensed person.

Unlicensed personnel who provide nursing assistance may contribute to the implementation of the plan of nursing care in situations where the delegation of the task does not jeopardize the patient's welfare. Some tasks that require nursing judgment may be delegated only after the nursing judgment is made. Such tasks may include, but are not limited to:

¹"Supervision" as defined in 201 KAR 20:400 Section 1(7) means "the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice."

Appendix 14 cont'd

- a) Collection, documentation, and reporting of data (e.g., vital signs, oxygen saturation using pulse oximeter equipment, height, weight, intake and output, and blood glucose testing when sample is obtained from a capillary site);
 - b) Assisting patients to perform self-care tasks, including assistance with a patient's self-administered medication. Such assistance does not include the preparation of syringes for injection;
 - c) Performing tasks of a routine nature that do not require simultaneous nursing judgment. For example, simple non-sterile dressing changes, external catheter care, tap water enema administration, and colostomy appliance changes on mature stoma sites with sustained skin integrity;
 - d) Selected ambulation, positioning, turning, activities of daily living, or exercise programs;
 - e) Providing and maintaining a safe, comfortable environment;
 - f) Selected nutritional activities, such as feeding and meal preparation. This does not include the administration of nasogastric tube feedings by unlicensed personnel, but may include the administration of feedings via a gastrostomy tube when the tube is in a mature stoma site with sustained skin integrity, and when it is delegated by and performed under the supervision of a nurse;
 - g) Socialization activities; and
 - h) Transportation of patient/client.
5. As stated in KRS 314.011(6)(c) and (10)(c), the administration of medication is the practice of nursing. The administration of medication to patients in health care facilities is both the responsibility of nurses and an integral part of the nursing care rendered to patients. Medication may also be administered to patients in health care facilities by physicians or other health care professionals who have statutory authority to administer medications. In Kentucky, unlicensed personnel known as medication aides or similar titles, may function by administering oral and topical medication in long-term care facilities only through delegation by and under the supervision of a registered nurse or licensed practical nurse. Unlicensed personnel who function as medication aides must have successfully completed the state approved course for administration of medication as defined in the administrative regulations issued by the Cabinet for Health Services, Office of the Inspector General.

The following acts related to the administration of medications should not be delegated to unlicensed personnel:

- a) Conversion or calculation of drug dosage;
- b) Administration of medications via any injectable route;²
- c) Administration of medication via tubes inserted in any body cavity, except for: 1) the administration of a "Fleet" enema (Fleet Bisacodyl or Fleet Phospho-Soda, and 2) the administration of medications via a gastrostomy tube for students in a school setting, when performed under the delegation and supervision of a nurse and in accordance with established facility policy and procedure;

²For intervention in life-threatening situation, a registered nurse may teach and delegate to non-nurse school employees the preparation and administration of injectable glucagons, epinephrine hydrochloride (using an administration system such as "EpiPen") and diazepam suppository. The medications would be given according to written established policies and procedures of the school system.

Appendix 14 cont'd

d) Administration of antineoplastic drugs.

Dialysis technicians may administer only those medications stated in the Advisory Opinion Statement #90-21 entitled "Roles of Nurses and Technicians in Dialysis."

6. The performance of nursing acts by the patient for self-care or by the patient's family members (e.g., self-administration of medications, administration of medications by family members) does not constitute "nursing assistance" or the delegation of nursing acts to unlicensed personnel for compensation.

Patient and family education is a part of nursing practice. As a part of preparing a patient for self-care, nurses may teach and supervise the performance of acts by patients and family members who have demonstrated a willingness and an ability to perform the acts.

7. In the utilization of unlicensed personnel to provide nursing assistance, nurses should follow written approved policies and procedures of the health care facility/agency which are consistent with KRS Chapter 314.

8. The Board of Nursing must assure the public that nursing assistance is provided in a manner which assures that safe and effective care is provided for the citizens of the Commonwealth.

DETERMINING SCOPE OF PRACTICE

KRS 314.021(2) holds all nurses individually responsible and accountable for the individual's acts based upon the nurse's education and experience. Each nurse must exercise professional and prudent judgment in determining whether the performance of a given act is within the scope of practice for which the nurse is both licensed and clinically competent to perform. In addition to this advisory opinion statement, the Kentucky Board of Nursing has published "Scope of Practice Determination Guidelines" which contain a decision tree chart providing guidance to nurses in determining whether a selected act is within an individual nurse's scope of practice now or in the future. A copy of the guidelines may be obtained from the Board office or via the Board's website <http://kbn.ky.gov>.

The Kentucky Board of Nursing issues advisory opinions as to what constitutes safe nursing practice. An opinion is not a regulation of the Board and does not have the force and effect of law. It is issued as a guidepost to licensees who wish to engage in safe nursing practice.

Approved: 6/87

Revised: 1/88; 2/91; 1/93; 12/93; 4/01; 10/02; 6/03; 4/04

Reviewed 12/98

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Attachment: 201 KAR 20:400

GENERAL GOVERNMENT CABINET

Kentucky Board of Nursing

201 KAR 20:400. Delegation of nursing tasks.

RELATES TO: KRS 311A.170, 314.011, 314.021(2), 314.091(1)

STATUTORY AUTHORITY: KRS 314.131(1)

NECESSITY, FUNCTION, AND CONFORMITY: KRS 314.131(1) authorizes the board to promulgate administrative regulations necessary to implement KRS Chapter 314. KRS 314.091(1)(d) prohibits a person from negligently or willfully acting in a manner inconsistent with the practice of nursing. This administrative regulation establishes requirements that govern the delegation of a nursing task in a safe, effective manner so as to safeguard the health and welfare of the citizens of the Commonwealth.

Section 1. Definitions. (1) "Board" is defined in KRS 314.011(1).

(2) "Client" means a patient, resident or consumer of nursing care.

(3) "Competence" means performing an act in a safe, effective manner.

(4) "Delegatee" means a person to whom a task is delegated.

(5) "Delegator" means the nurse delegating a task to another person.

(6) "Nurse" is defined in KRS 314.011(3).

(7) "Nursing task" means an act included in the definition of registered nursing practice, advanced registered nursing practice, or licensed practical nursing practice pursuant to KRS 314.011(6), (8), or (10).

(8) "Paramedic" is defined in KRS 311A.010.

(9) "Supervision" means the provision of guidance by a qualified nurse for the accomplishment of a nursing task with periodic observation and evaluation of the performance of the task including validation that the nursing task has been performed according to established standards of practice.

(10) "Unlicensed person" means an individual, other than a nurse, the client, or the client's family, legal guardian, or delegatee, who functions in an assistant or subordinate role to the nurse.

Section 2. Nurse's Responsibility in Delegation. (1) A registered nurse or a licensed practical nurse may delegate a task to an unlicensed person in accordance with this section and Sections 3 and 4 of this administrative regulation.

(2) A registered nurse may delegate a task to a paramedic employed in a hospital emergency department in accordance with KRS 311A.170 and Sections 3 and 4 of this administrative regulation.

Appendix 14 cont'd

(3) Prior to delegating a nursing task, the nurse shall determine the nursing care needs of the client. The nurse shall retain responsibility and accountability for the nursing care of the client, including nursing assessment, planning, evaluation and assuring documentation.

(4) The nurse, prior to delegation to an unlicensed person, shall have either instructed the unlicensed person in the delegated task or determined that the unlicensed person is competent to perform the nursing task.

(5) A nursing task shall be delegated directly or indirectly. An indirect delegation shall not alter the responsibility of the nurse for appropriately assigning and supervising an unlicensed person.

(6) A nurse who delegates a nursing task in violation of this administrative regulation or participates in the utilization of an unlicensed person in violation of this administrative regulation shall be considered acting in a manner inconsistent with the practice of nursing.

Section 3. Criteria for Delegation. The delegation of a nursing task shall meet the following criteria:

(1) The delegated nursing task shall be a task that a reasonable and prudent nurse would find is within the scope of sound nursing judgment and practice to delegate.

(2) The delegated nursing task shall be a task that, in the opinion of the delegating nurse, can be competently and safely performed by the delegatee without compromising the client's welfare.

(3) The nursing task shall not require the delegatee to exercise independent nursing judgment or intervention.

(4) The delegator shall be responsible for assuring that the delegated task is performed in a competent manner by the delegatee.

Section 4. Supervision. (1) The nurse shall provide supervision of a delegated nursing task.

(2) The degree of supervision required shall be determined by the delegator after an evaluation of appropriate factors involved including the following:

(a) The stability and acuity of the client's condition;

(b) The training and competency of the delegatee;

(c) The complexity of the nursing task being delegated; and

(d) The proximity and availability of the delegator to the delegatee when the nursing task is performed. (19 Ky.R. 1242; eff. 1-27-93; Am. 25 Ky.R. 2189; 2546; eff. 5-19-99; 29 Ky.R. 2947; eff. 8-13-03.)

References and Acknowledgements

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- Kentucky Association of School Administrators
- Kentucky School Board Association
- Kentucky Department of Education
- Kentucky Department for Public Health
- Kentucky Association of School Nurses

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