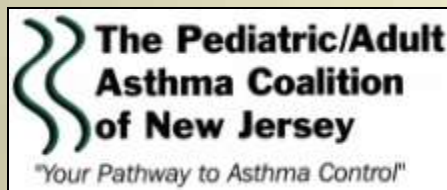




Asthma Management in the Classroom: What Teachers Need to Know

Developed by Carol V. McGotty, RN, MS

Produced by



Sponsored by



This program has been reviewed and endorsed by the New Jersey State School Nurses Association

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Why Do We Have to Know About Asthma?

Because students who have their asthma in good control:



Miss FEWER Days of School



Have an IMPROVED Quality of Life



And are BETTER Learners...



You Can Make a Difference!

New Jersey Law and Asthma

NJSA 18A:40-12.9 requires annual asthma education opportunities for all teaching staff



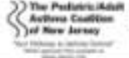

NJSA 18A:40-12.3 of the state law allows for self-administration of medication by a pupil with asthma under specific conditions



Some of your students may be carrying an inhaler and need to use it during your class



NJSA 18A:40-12.8 calls for a written asthma treatment plan for pupils requiring asthma medication at school

Asthma Treatment Plan  


(The asthma plan complies with N.J. Law 18A:40-12.8 (Proposed Safety)

(Please Print)

Name: _____ Date of Birth: _____ Effective Date: _____

Doctor: _____ Parent/Guardian (if applicable): _____ Emergency Contact: _____

Phone: _____ Phone: _____ Phone: _____

HEALTHY  **Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed**

You have all of these:


- Breathing is good
- No cough or wheeze
- Sleep through the night
- Go to work, exercise and play

MEDICINE **HOW MUCH to take and HOW OFTEN to take it:**

Albuterol [®] <input type="checkbox"/> 100, <input type="checkbox"/> 200, <input type="checkbox"/> 300	1 inhalation twice a day
Albuterol [®] HFA <input type="checkbox"/> 40, <input type="checkbox"/> 110, <input type="checkbox"/> 200	2 puffs MDI twice a day
Albuterol [®] <input type="checkbox"/> 90, <input type="checkbox"/> 180	1, <input type="checkbox"/> 2 puffs MDI twice a day
Aztreonam [®] Inhalator <input type="checkbox"/> 150, <input type="checkbox"/> 300	1, <input type="checkbox"/> 2 Inhalation <input type="checkbox"/> once in <input type="checkbox"/> twice a day
Fluticasone [®] <input type="checkbox"/> 44, <input type="checkbox"/> 110, <input type="checkbox"/> 220	2 puffs MDI twice a day
Fluticasone [®] Diskus [®] <input type="checkbox"/> 50, <input type="checkbox"/> 100, <input type="checkbox"/> 250	1 inhalation twice a day
Fluticasone [®] Propionate <input type="checkbox"/> 20, <input type="checkbox"/> 100	1, <input type="checkbox"/> 2 Inhalation <input type="checkbox"/> twice a day
Fluticasone [®] Respirator [®] <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0	1 puff inhaled <input type="checkbox"/> once or <input type="checkbox"/> twice a day
Qvar [®] <input type="checkbox"/> 40, <input type="checkbox"/> 80	1, <input type="checkbox"/> 2 puffs MDI twice a day
Regeneron [®] <input type="checkbox"/> 4, <input type="checkbox"/> 8, <input type="checkbox"/> 16 mg	1 tablet daily
Salmeterol [®] <input type="checkbox"/> 50, <input type="checkbox"/> 100	1, <input type="checkbox"/> 2 puffs MDI twice a day
Other _____	
None _____	

Triggers **Check all items that trigger patient's asthma:**

- Cold air
- Sports (swim & second wind) while
- Colds/flu
- Dust mites
- Pets, birds
- Airborne pollen
- Exercise
- Stress
- Sick contacts
- Sulfites - foods & medications
- Tobacco smoke
- Perfumes
- Plants, flowers
- Air pollution
- Strong odors
- Perfumes, cleaning products, essential products
- Weather changes
- Insect sprays
- Foods _____
- Other _____
- Other _____
- Other _____


CAUTION  **Continue daily medicine(s) and add fast-acting medicine(s).**

You have any of these:

- Exposure to known trigger
- Cough
- Mild wheeze
- Night sleep
- Coughing at night
- Other _____

MEDICINE **HOW MUCH to take and HOW OFTEN to take it:**

AccuSOL [®] <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 and inhaled every 4 hours as needed
Albuterol [®] <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 and inhaled every 4 hours as needed
Albuterol [®] Pro-Air [®] / Proventil [®]	2 puffs MDI every 4 hours as needed
Wixelair [®] / Masolol [®] / Serevent [®]	2 puffs MDI every 4 hours as needed
Aspirin [®] <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 and inhaled every 4 hours as needed
Increase the dose of, or add _____	
Other _____	

EMERGENCY  **Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!**

Your asthma is getting worse fast:

- Fast-acting medicine does not help within 15-20 minutes
- Breathing is hard and fast
- Mouth opens wide
- Blue lips
- Ineffective coughing and talking
- Loss of pulse / Fingernails blue

MEDICINE **HOW MUCH to take and HOW OFTEN to take it:**

AccuSOL [®] <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 and inhaled every 15 minutes
Albuterol [®] <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 and inhaled every 15 minutes
Albuterol [®] Pro-Air [®] / Proventil [®]	2 puffs MDI every 15 minutes
Wixelair [®] / Masolol [®] / Serevent [®]	2 puffs MDI every 15 minutes
Aspirin [®] <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 and inhaled every 15 minutes
Other _____	

FOR PARENTS ONLY:

- This student is capable and has been instructed in the proper method of self administration of the non-restricted asthma medications named above & understands why to take.
- This student is not permitted to self-medicate.

PHYSICIAN SIGNATURE: _____ **DATE:** _____

PHYSICIAN SIGNATURE: _____

PHYSICIAN STAMP: _____

REvised MAY 2008

Make a copy for patient and for physician file. For children under 10, send original to school nurse or child care provider.

Other Laws that Affect Students with Asthma

FERPA & Asthma

The Family Education Rights and Privacy Act (FERPA) allows for health information to be shared with teachers and other school officials for “legitimate educational purposes” without written consent in accordance with school policy



Questions from
OTHER staff members
regarding the health
condition of your
student should be
referred to the school
nurse

IDEA, Section 504 and Asthma



The Individual with Disabilities Education ACT (IDEA) and Section 504 require arrangements to be made to include all students, even those with disabilities like asthma, to participate in all the educational experiences



This impacts the type of educational activities you develop for your class, including:

- **Field trips**
- **Outdoor experiences**
- **Learning about animals**
- **Using chemicals with strong odors**

NJ Public Employees' Occupational Safety & Health Act (NJPEOSH)

N.J.S.A 34:6A-25 et seq. provides for the development and enforcement of occupational safety standards for public employees throughout the state to encourage employers and employees in their efforts to improve the working environment

NJ Law & Indoor Air Quality (IAQ)

N.J.A.C. 12:100.13 from the NJIAQ Standard covers indoor air quality in existing buildings occupied by public employees. This includes:

- 1. Ventilation**
- 2. Microbial contamination**
- 3. Remodeling/renovation issues including advance notice**

Use the NJIAQ Standard to improve indoor air quality in your school



NJ PEOSH Indoor Air Quality (IAQ) Designated Persons Training



-
- **The updated NJ Indoor Air Quality Standard N.J.A.C. 12:100-13 now requires public employers to select and train a Designated Person**
 - **NJ PEOSH provides the Designated Persons training and a certificate of attendance**
 - **Know who the “IAQ Designated Person” is in your school**
 - **This free training is now available for anyone who wants to know more about IAQ**

NJ DEP No-Idling Pledge



**NJ Law prohibits idling by diesel vehicles
(most school buses and large trucks) for
more than three minutes**

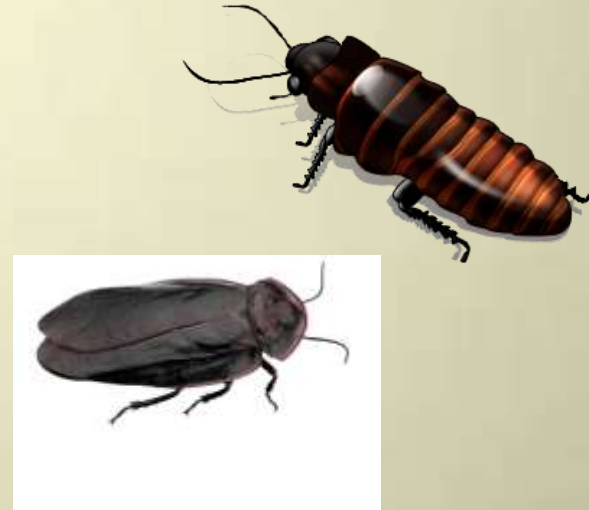
NJ Law on No Smoking in Public Places



The [New Jersey Smoke-Free Air Act](#), N.J.S.A. 26:D-55 et seq., (NJ SFAA) became effective April 15, 2006; the new law requires smokefree environments in essentially all indoor workplaces and places open to the public

Integrated Pest Management in Schools

N.J.A.C. 7:30-13 Integrated Pest Management (IPM) in Schools outlines an IPM plan for your school in accordance with the NJ Law on Pesticide Control Regulations





What is Asthma?

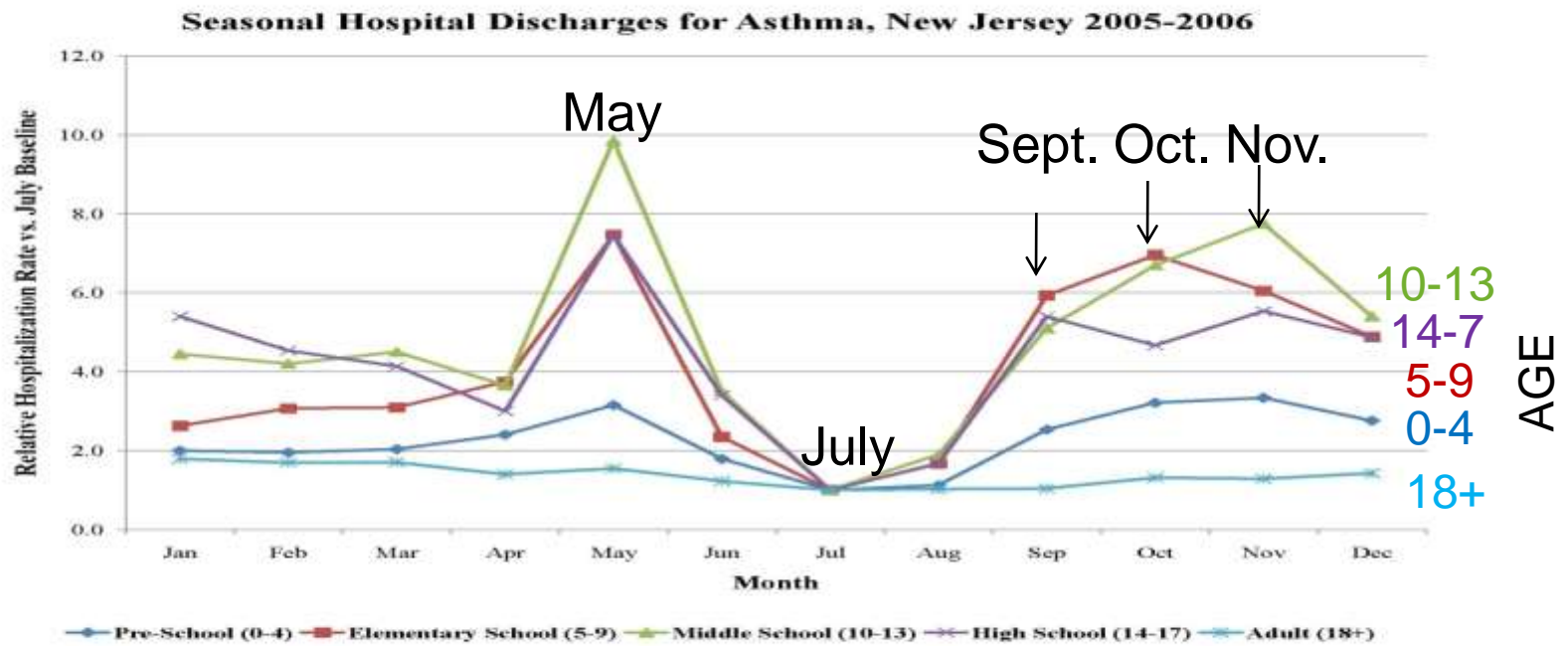
ASTHMA

- **IS a long term (chronic) lung disease**
- **IS triggered by indoor and outdoor allergens and irritants**
- **CAN'T be cured**
- **CAN be controlled**

If you have 30 children in a class, you may have at least 3 children with asthma



Combined NJBRFS results from the 2005-2006 NJBRFS indicate that approximately 313,379 children have a history of asthma (14.8%) and that approximately 218,914 children (10.3%) currently have asthma



"New Jersey Department of Health and Senior Services, Unpublished Data"

The number of overnight hospital stays for asthma is:

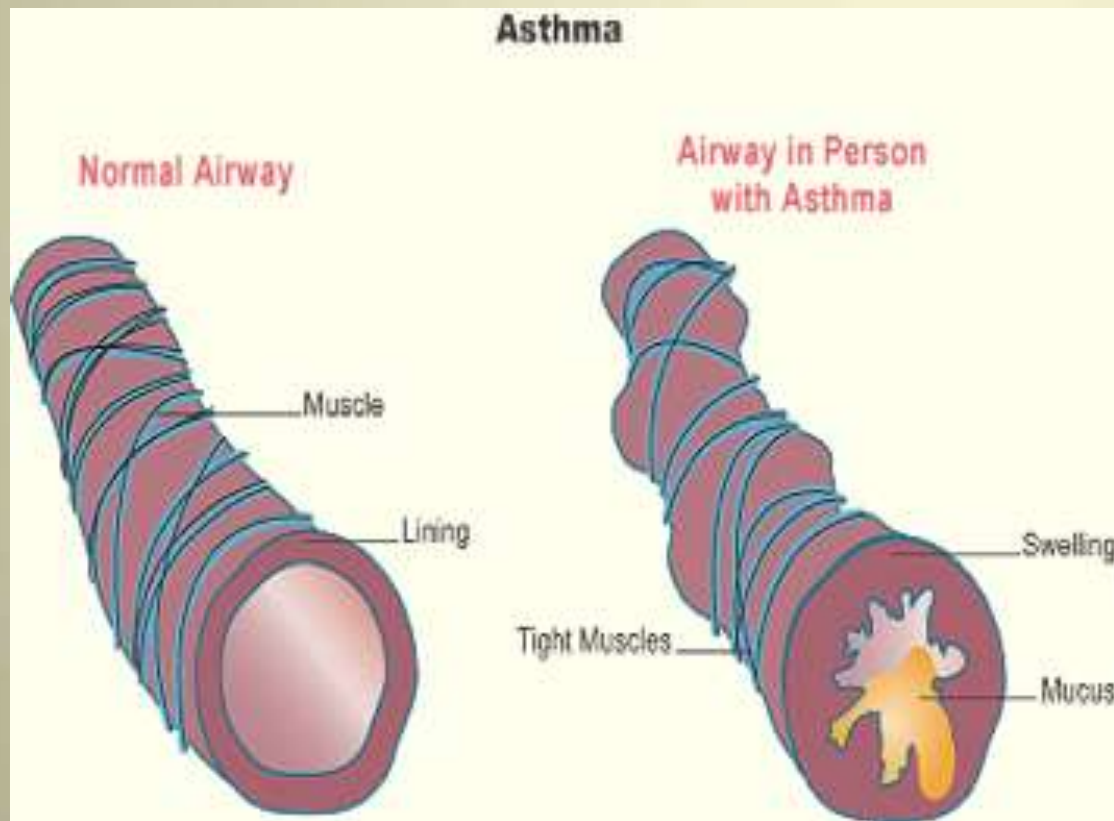
- lowest for all age groups in July
- highest for children in May, September, October and November

What Happens During an Asthma Episode (Attack)?

Asthma affects the airways: the tubes that carry air in and out of the lungs



Asthma



- Airways become inflamed/swollen
- Muscles tighten around the airways
- Mucus increases, blocking the airway
- Less air can get in and out

What are the Early Warning Signs of an Asthma Episode?

- **Cough**
- **Shortness of breath**
- **Mild wheeze**
- **Tight chest**
- **Exposure to a known trigger**

Take action: Contact the school nurse if a student with asthma has any of the early warning signs



Your School Nurse will direct you according to the specific plan of action for this student



Never send a student to the health room alone or leave a student alone

What are the Signs of an Asthma Emergency?

- Chest sucking in/neck muscles bulging
- Difficulty or discomfort when breathing
- Nasal flaring
- Trouble walking and/or talking
- Breathing does not improve or is worse after quick reliever medication is used

This is an **EMERGENCY**



**Initiate your school's
"Emergency Response Plan"**

TAKE ACTION: Call the school nurse

While You Wait for the School Nurse...



Be sure the student has self-administered medication if he/she is able to self-medicate



-
- **Limit moving a student who is in severe distress. Go to the student instead**
 - **Assist him/her to an upright position away from trigger, if possible**
 - **Provide a calm, reassuring atmosphere and stay with the student**
 - **The student should always be in an adult's presence until medical care arrives**

Know Your School Policy and Procedure Before You Need It!



Asthma Treatment Plan (This asthma action plan meets the New Jersey Law N.J.S.A. 17B-40.15B (PACNJ) for children)

The Pediatric/Adult Asthma Coalition of New Jersey
 Sponsored by AMERICAN LUNG ASSOCIATION

Name: _____ Date of Birth: _____ Effective Date: _____
 Doctor: _____ Parent/Guardian (if applicable): _____ Emergency Contact: _____
 Phone: _____ Phone: _____ Phone: _____

HEALTHY You have all of these:
 • Breathing is good
 • No cough or wheeze
 • Sleep through the night
 • Can work, exercise, and play

Take daily medicine(s). Some medicines and inhalers may be more effective with a "spacer" - use it.

MEDICINE **HOW MUCH to take and HOW OFTEN to take it**

<input type="checkbox"/> Advair® <input type="checkbox"/> 100, <input type="checkbox"/> 250, <input type="checkbox"/> 500	1 inhalation twice a day
<input type="checkbox"/> Advair® HFA <input type="checkbox"/> 45, <input type="checkbox"/> 110, <input type="checkbox"/> 220	2 puffs MDI twice a day
<input type="checkbox"/> Accuhal® <input type="checkbox"/> 80, <input type="checkbox"/> 160	1, <input type="checkbox"/> 2 puffs MDI twice a day
<input type="checkbox"/> Accuhal® Turbohaler® <input type="checkbox"/> 110, <input type="checkbox"/> 220	1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Flovent® <input type="checkbox"/> 48, <input type="checkbox"/> 110, <input type="checkbox"/> 220	2 puffs MDI twice a day
<input type="checkbox"/> Flovent® Diskus® <input type="checkbox"/> 50, <input type="checkbox"/> 100, <input type="checkbox"/> 200	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® <input type="checkbox"/> 50, <input type="checkbox"/> 100	1, <input type="checkbox"/> 2 inhalations <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Pulmicort Respirator® <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.5, <input type="checkbox"/> 1.0, <input type="checkbox"/> 1.8	1 unit nebulized <input type="checkbox"/> once or <input type="checkbox"/> twice a day
<input type="checkbox"/> Qvar® <input type="checkbox"/> 40, <input type="checkbox"/> 80	1, <input type="checkbox"/> 2 puffs MDI twice a day
<input type="checkbox"/> Singulair® <input type="checkbox"/> 4, <input type="checkbox"/> 8, <input type="checkbox"/> 16 mg	1 tablet daily
<input type="checkbox"/> Spirivastat® <input type="checkbox"/> 80, <input type="checkbox"/> 160	1, <input type="checkbox"/> 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

Remember to rinse your mouth after taking inhaled medicine _____ minutes before exercise.

CAUTION You have any of these:
 • Exposure to known trigger
 • Cough
 • Mild wheeze
 • Tight chest
 • Coughing at night
 • Other _____

Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE **HOW MUCH to take and HOW OFTEN to take it**

<input type="checkbox"/> Accuhal® <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol® <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol® Pro-Air® <input type="checkbox"/> Proventil®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® <input type="checkbox"/> Miniclar® <input type="checkbox"/> Respimat®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Risperidol® <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Increase the dose of, or add:	
<input type="checkbox"/> Other _____	

If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.

EMERGENCY Your asthma is getting worse fast:
 • Fast-acting medicine does not help within 15-20 minutes
 • Breathing is hard and fast
 • Wheeze is loud and high
 • Ribcage aches
 • Trouble walking and talking
 • Lips blue • Fingernails blue

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

MEDICINE **HOW MUCH to take and HOW OFTEN to take it**

<input type="checkbox"/> Accuhal® <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol® <input type="checkbox"/> 1.25, <input type="checkbox"/> 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol® Pro-Air® <input type="checkbox"/> Proventil®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® <input type="checkbox"/> Miniclar® <input type="checkbox"/> Respimat®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Risperidol® <input type="checkbox"/> 0.25, <input type="checkbox"/> 0.50, <input type="checkbox"/> 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Other _____	

FOR KIDNEY ONLY:
 This student is capable and has been instructed in the proper method of self-administering of the non-nebulized inhaled medications named above in accordance with _____
 No law
 This student is not approved to self-medicate

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/PA SIGNATURE _____ DATE _____
 PARENT/GUARDIAN SIGNATURE _____
 PHYSICIAN STAMP _____

REVISOR: MAY 2009

Talk to your school nurse at the start of the school year about the Asthma Treatment Plans for your students with asthma

Help them avoid triggers

**Be ready! Check
with your school nurse to:**

Identify the students in your class with asthma

Know their indoor and outdoor triggers

**Have a plan of action to respond quickly when you
notice the early warning signs**

What Kind of Medications are Given?

1. Bronchodilators – (Quick Relief)

These are used to stop an asthma episode (wheezing, coughing) before it gets worse



***You should begin to see some relief immediately. It will take 15-20 minutes for the full effect.**

2. Anti-Inflammatory - (Long Term Control)

These are taken daily to control asthma and prevent asthma episodes

***They take effect over a period of time and are continued even when the person feels well**





The Pediatric/Adult Asthma Coalition of New Jersey (PACNJ) Asthma Treatment Plan

**Asthma Treatment Plan
Patient/Parent Instructions**



The **PACNJ Asthma Treatment Plan** is designed to help everyone understand the steps necessary for the individual patient to achieve the goal of controlled asthma.

1. Patients/Parents/Guardians: Before taking this form to your Health Care Provider:

Complete the top left section with:

- Patient's name
- Patient's date of birth
- Patient's doctor's name & phone number
- Parent/Guardian's name & phone number
- An Emergency Contact person's name & phone number

2. Your Health Care Provider will:

Complete the following areas:

- The effective date of this plan
- The medicine information for the Healthy, Caution and Emergency sections
- Your Health Care Provider will check the box next to the medication and check how much and how often to take it
- Your Health Care Provider may check "OTHER" and:
 - Write in asthma medications not listed on the form
 - Write in additional medications that will control your asthma
 - Write in generic medications in place of the name brand on the form
- Together you and your Health Care Provider will decide what asthma treatment is best for you or your child to follow.

3. Patients/Parents/Guardians & Health Care Providers together:

Discuss and then complete the following areas:

- Patient's peak flow ranges in the Healthy, Caution and Emergency sections on the left side of the form
- Patient's asthma triggers on the right side of the form
- For Minors Only section at the bottom of the form: Discuss your child's ability to self-administer the inhaled medications, check the appropriate box, and then both you and your Health Care Provider must sign and date the form

4. Patients/Guardians: After completing the form with your Health Care Provider:

- Make copies of the Asthma Treatment Plan and give the signed original to your child's school nurse or child care provider
- Keep a copy easily available at home to help manage your child's asthma.
- Give copies of the Asthma Treatment Plan to everyone who provides care for your child, for example: babysitters, before/after school program staff, coaches, scout leaders

This Asthma Treatment Plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs. Not all asthma medications are listed and the generic names are not listed.

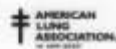
Disclaimer:

The use of this American/PACNJ Asthma Treatment Plan and its contents is of your own risk. The content is provided on an "as is" basis. The American Lung Association of the Mid-Atlantic (ALAMA), the Pediatric/Adult Asthma Coalition of New Jersey and all affiliates disclaim all warranties, express or implied, statutory or otherwise, including but not limited to the implied warranties of merchantability, non-infringement of third party rights, and fitness for a particular purpose.

ALAMA makes no representation or warranty about the accuracy, reliability, completeness, currency, or timeliness of the content. ALAMA makes no warranty, representation or guaranty that the information will be uninterrupted or error free or that any defects can be corrected.

In no event shall ALAMA be liable for any damages (including, without limitation, incidental and consequential damages, personal injury/physical death, lost profits, or damages resulting from data or business interruption) resulting from the use or inability to use the content of this Asthma Treatment Plan whether based on a warranty, contract, tort or any other legal theory, and whether or not ALAMA is advised of the possibility of such damages. ALAMA and its affiliates are not liable for any claim, whatsoever, caused by your use or misuse of the Asthma Treatment Plan, nor of this website.

The information on this website is for informational purposes only. It is not intended to be used as a substitute for professional medical advice. Always consult your physician or other qualified health care provider with any questions you may have regarding your condition. This information is not intended to be used as a substitute for professional medical advice. Always consult your physician or other qualified health care provider with any questions you may have regarding your condition. This information is not intended to be used as a substitute for professional medical advice. Always consult your physician or other qualified health care provider with any questions you may have regarding your condition.



Your school nurse has a 24-hour written asthma treatment plan for students with asthma, completed by their health care providers

It indicates what medicines the student takes on a daily basis to control asthma

Asthma Treatment Plan

(This information pertains to Law N.J.S.A. 18B:40-11.3: Physician Orders)

The Pediatric/Adult Asthma Coalition of New Jersey
Non-Profit Organization - 501(c)(3)

Sponsored by
AMERICAN LUNG ASSOCIATION
A NOT FOR PROFIT

(Please Print)

Name	Date of Birth	Effective Date
Doctor	Parent/Guardian (if applicable)	Emergency Contact
Phone	Phone	Phone

HEALTHY

You have:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
Advair® □ 100, □ 250, □ 500	1 inhalation twice a day
Advair® HFA □ 45, □ 115, □ 230	2 puffs MDI twice a day
Airmax® □ 80, □ 160	□ 1, □ 2 puffs MDI twice a day
Asmanex® Twisthaler® □ 110, □ 220	□ 1, □ 2 inhalations □ once or □ twice a day
Flonase® □ 44, □ 110, □ 220	2 puffs MDI twice a day
Flonase® Diskus® □ 50, □ 100, □ 200	1 inhalation twice a day
Pulmicort Flexhaler® □ 20, □ 80	□ 1, □ 2 inhalations □ once or □ twice a day
Pulmicort Respules® □ 0.25, □ 0.5, □ 1.0	1 unit nebulized □ once or □ twice a day
Qvar® □ 40, □ 80	□ 1, □ 2 puffs MDI twice a day
Singulair® □ 4, □ 8, □ 16 mg	1 tablet daily
Symbicort® □ 80, □ 160	□ 1, □ 2 puffs MDI twice a day
Other _____	
None	

Triggers

Check all items that trigger patient's asthma:

- Cold/flu
- Germs (colds & second hand smoke)
- Dust mites
- Dust, pollen, dirt, stuffed animals, carpet
- Exercise
- Mold
- Smoke (cigarettes)
- Pets - rodents & cats/dogs
- Pets - animal dander
- Plants, flowers, and grass pollen
- Strong odors (perfumes, cleaning products)
- Sudden temperature change
- Weather
- Foods

GI/Other _____

If exercise triggers your asthma, take this medicine _____ minutes before exercise.

CAUTION

You have any of these:

- Exposure to known trigger
- Cough
- MDI wheeze
- Tight chest
- Coughing at night
- Other _____

And/or Peak flow from _____ to _____

Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
AccuSneez® □ 0.50, □ 1.25 mg	1 unit nebulized every 4 hours as needed
Albuterol □ 1.25, □ 2.5 mg	1 unit nebulized every 4 hours as needed
Albuterol □ Pro-Air □ Proventil®	2 puffs MDI every 4 hours as needed
Vortec® □ Miraz □ Sigena®	2 puffs MDI every 4 hours as needed
Sigena® □ 0.25, □ 0.50, □ 1.25 mg	1 unit nebulized every 4 hours as needed
Other _____	

■ If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.

EMERGENCY

Your asthma is getting worse fast:

- Fast-acting medicine did not help within 15-20 minutes
- Breathing is hard and fast
- Nose opens while ribs show
- Trouble walking and talking
- Lips blue • Fingernails blue

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

AccuSneez® □ 0.50, □ 1.25 mg	1 unit nebulized every 20 minutes
Albuterol □ 1.25, □ 2.5 mg	1 unit nebulized every 20 minutes
Albuterol □ Pro-Air □ Proventil®	2 puffs MDI every 20 minutes
Vortec® □ Miraz □ Sigena®	2 puffs MDI every 20 minutes
Sigena® □ 0.25, □ 0.50, □ 1.25 mg	1 unit nebulized every 20 minutes
Other _____	

FOR PARENTS ONLY:

This student is capable and has been instructed in the proper method of self-administering all of the non-nebulized inhaler medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

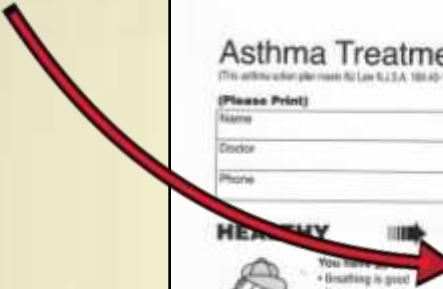
Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

REVISED MAY 2008



It identifies the student's specific triggers

Asthma Treatment Plan

(This information pertains to Law N.J.S.A. 18B:40-1.1.3 - Physician Orders)


The Pediatric/Adult Asthma Coalition of New Jersey
Non-Profit Organization - 501(c)(3)

Sponsored by
AMERICAN LUNG ASSOCIATION
IN NEW JERSEY

(Please Print)

Name		Date of Birth	Effective Date
Doctor		Parent/Guardian (if applicable)	Emergency Contact
Phone		Phone	Phone

HEALTHY



You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed

MEDICINE	HOW MUCH to take and HOW OFTEN
<input type="checkbox"/> Advair® 100, 250, 500	1 inhalation twice a day
<input type="checkbox"/> Advair® HFA 45, 115, 230	2 puffs MDI twice a day
<input type="checkbox"/> Advair® 85, 190	2 inhalations twice a day
<input type="checkbox"/> Accuhal® Turbuhaler® 110, 220	1 inhalation twice a day
<input type="checkbox"/> Flovent® 44, 110	2 puffs MDI twice a day
<input type="checkbox"/> Flovent® Diskus 20, 100	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® 2.5, 5, 10	1 or 2 inhalations once or twice a day
<input type="checkbox"/> Pulmicort Respuler® 0.25, 0.5, 1.0	1 unit nebulized once or twice a day
<input type="checkbox"/> Qvar® 40, 80	1 or 2 puffs MDI twice a day
<input type="checkbox"/> Singulair® 4, 5, 10 mg	1 tablet daily
<input type="checkbox"/> Symbicort® 80, 160	1 or 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take this medicine _____ minutes before exercise.


Triggers

Check all items that trigger patient's asthma:

- Dust
- Ragweed
- Mold
- Pets - animal dander
- Perfumes, flowers, and grass pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wet weather
- Foods

Other: _____

CAUTION



You have any of these:

- Exposure to known trigger
- Cough
- MDI wheeze
- Tight chest
- Coughing at night
- Other _____

And/or Peak flow from _____ to _____


Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Accuhal® 0.50, 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol 1.25, 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol Pro-Air® or Proventil®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® or Minair® or Sigena®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Sigena® 0.25, 0.50, 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Increase the dose of, or add:	
<input type="checkbox"/> Other _____	

Fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.

Other: _____

EMERGENCY



Your asthma is getting worse fast:

- Fast-acting medicine did not help within 15-20 minutes
- Breathing is hard and fast
- Rose appears white
- Ribs show
- Trouble walking and talking
- Lips blue + Fragments blue

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

<input type="checkbox"/> Accuhal® 0.50, 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol 1.25, 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol Pro-Air® or Proventil®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® or Minair® or Sigena®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Sigena® 0.25, 0.50, 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Other _____	

Other: _____

FOR PARENTS ONLY:

This student is capable and has been instructed by the proper method of self-administering all the non-nebulized inhaled medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

REVISED MAY 2009

Asthma Treatment Plan

(This information pertains to Law N.J.S.A. 18B:40-1.1.3: Physician Orders)

The Pediatric/Adult Asthma Coalition of New Jersey
Non-Profit Organization - 501(c)(3)

Sponsored by
AMERICAN LUNG ASSOCIATION
IN NEW JERSEY

(Please Print)

Name _____ Date of Birth _____ Effective Date _____

Doctor _____ Parent/Guardian (if applicable) _____ Emergency Contact _____

Phone _____ Phone _____ Phone _____

HEALTHY

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Advair® 100, 250, 500	1 inhalation twice a day
<input type="checkbox"/> Advair® HFA 45, 115, 230	2 puffs MDI twice a day
<input type="checkbox"/> Anveo® 80, 160	1, 2 puffs MDI twice a day
<input type="checkbox"/> Advair® Turbuhaler® 110, 220	1, 2 inhalations once or twice a day
<input type="checkbox"/> Flovent® 44, 110, 220	2 puffs MDI twice a day
<input type="checkbox"/> Flovent® Diskus® 50, 100, 200	1 inhalation twice a day
<input type="checkbox"/> Pulmicort Flexhaler® 20, 50	1, 2 inhalations once or twice a day
<input type="checkbox"/> Pulmicort Respules® 0.25, 0.5, 1.0	1 unit nebulized once or twice a day
<input type="checkbox"/> Qvar® 40, 80	1, 2 puffs MDI twice a day
<input type="checkbox"/> Singulair® 4, 5, 10 mg	1 tablet daily
<input type="checkbox"/> Symbicort® 80, 160	1, 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	_____
<input type="checkbox"/> None	

Remember to rinse your mouth after taking inhaled medicine.

If exercise triggers your asthma, take this medicine _____ minutes before exercise.

CAUTION

You have any of these:

- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night
- Other _____

And/or Peak flow from _____ to _____

Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> AccuSole® 0.50, 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol 1.25, 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol Pro-Air® Proventil®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® Minair® Sigenes®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Sigenes® 0.25, 0.50, 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Increase the dose of, or add:	_____
<input type="checkbox"/> Other _____	_____

If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.

Triggers

Check all items that trigger patient's asthma:

- Cold/flu
- Germs (colds & seasonal flu)
- Dust/dirt
- Dust mites, bed, stuffed animals, carpet
- Exercise
- Food
- Pets - animal dander
- Plants, flowers, wet grass, pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wet/dry air
- Weather

Other: _____

EMERGENCY

Your asthma is getting worse fast:

- Fast-acting medicine did not help within 15-20 minutes
- Breathing is hard and fast
- Nose opens while ribs show
- Trouble talking and taking in air
- Lips blue • Fingernails blue

And/or _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

<input type="checkbox"/> AccuSole® 0.50, 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol 1.25, 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol Pro-Air® Proventil®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® Minair® Sigenes®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Sigenes® 0.25, 0.50, 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Other _____	_____

This asthma treatment plan is meant to assist, not replace, the clinical decision-making required to meet individual patient needs.

FOR PARENTS ONLY:

This student is capable and has been instructed in the proper method of self-administering all the non-steroidal inhaled medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/PA SIGNATURE _____ DATE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

REVISED MAY 2000

It indicates if the student is capable and approved to self-medicate

And it indicates what medicines the student should take when his/her asthma is getting worse, and what to do in an emergency

Asthma Treatment Plan

(This asthma action plan meets NJ Law N.J.S.A. 18B:40-11.3: Physician Orders)

The Pediatric/Adult Asthma Coalition of New Jersey

Non-Profit Organization

Sponsored by

AMERICAN LUNG ASSOCIATION

A NOT FOR PROFIT

(Please Print)

Name _____		Date of Birth _____	Effective Date _____
Doctor _____	Parent/Guardian (if applicable) _____	Emergency Contact _____	
Phone _____	Phone _____	Phone _____	

HEALTHY

You have all of these:

- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work, exercise, and play

And/or Peak flow above _____

Take daily medicine(s). Some metered dose inhalers may be more effective with a "spacer" - use if directed

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> Advair® □ 100, □ 250, □ 500	1 inhalation twice a day
<input type="checkbox"/> Advair® HFA □ 45, □ 115, □ 230	2 puffs MDI twice a day
<input type="checkbox"/> Anoro® □ 80, □ 160	□ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Apoiron® Turbuhaler® □ 110, □ 220	□ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Flovent® □ 48, □ 110, □ 220	2 puffs MDI twice a day
<input type="checkbox"/> Provent® □ 50, □ 100, □ 200	1 inhalation twice a day
<input type="checkbox"/> Pulmicort® Flexhaler® □ 20, □ 50	□ 1, □ 2 inhalations □ once or □ twice a day
<input type="checkbox"/> Pulmicort® Respules® □ 0.25, □ 0.5, □ 1.0	1 unit nebulized □ once or □ twice a day
<input type="checkbox"/> Qvar® □ 40, □ 80	□ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Singulair® □ 4, □ 5, □ 10 mg	1 tablet daily
<input type="checkbox"/> Symbicort® □ 80, □ 160	□ 1, □ 2 puffs MDI twice a day
<input type="checkbox"/> Other _____	
<input type="checkbox"/> None	

Triggers

Check all items that trigger patient's asthma:

- Cold/flu
- Cigarette smoke & second hand smoke
- Dust/dirt
- Dust mites, bed, stuffed animals, carpet
- Exercise
- Food
- Cold/dry air
- Pets - rodents & cats/dogs
- Pets - animal dander
- Plants, flowers, and grass pollen
- Strong odors, perfumes, cleaning products, scented products
- Sudden temperature change
- Wet/dry air
- Pools

And/or Peak flow above _____

If exercise triggers your asthma, take this medicine _____ minutes before exercise.

CAUTION

You have any of these:

- Exposure to allergens
- Cough
- Wheezing
- Tight chest
- Coughing at night
- Other _____

And/or Peak flow from _____ to _____

Continue daily medicine(s) and add fast-acting medicine(s).

MEDICINE	HOW MUCH to take and HOW OFTEN to take it
<input type="checkbox"/> AccuSole® □ 0.50, □ 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Albuterol □ Pro-Air □ Provent®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Ventolin® □ Minair □ Apoiron®	2 puffs MDI every 4 hours as needed
<input type="checkbox"/> Xopenex® □ 0.25, □ 0.50, □ 1.25 mg	1 unit nebulized every 4 hours as needed
<input type="checkbox"/> Increase the dose of, or add:	
<input type="checkbox"/> Other _____	

☛ If fast-acting medicine is needed more than 2 times a week, except before exercise, then call your doctor.

EMERGENCY

Your asthma is getting worse fast:

- Fast-acting medicine did not help within 15-20 minutes
- Breathing is hard and noisy
- Face appears blue
- Ribs show
- Trouble sleeping and talking
- Other _____

And/or Peak flow below _____

Take these medicines NOW and call 911. Asthma can be a life-threatening illness. Do not wait!

<input type="checkbox"/> AccuSole® □ 0.50, □ 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ 1.25, □ 2.5 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Albuterol □ Pro-Air □ Provent®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Ventolin® □ Minair □ Apoiron®	2 puffs MDI every 20 minutes
<input type="checkbox"/> Xopenex® □ 0.25, □ 0.50, □ 1.25 mg	1 unit nebulized every 20 minutes
<input type="checkbox"/> Other _____	

FOR PARENTS ONLY:

This student is capable and has been instructed in the proper method of self-administering all of the non-nebulized inhaler medications named above in accordance with NJ Law.

This student is not approved to self-medicate.

Make a copy for patient and for physician file. For children under 18, send original to school nurse or child care provider.

PHYSICIAN/PA SIGNATURE _____

PARENT/GUARDIAN SIGNATURE _____

PHYSICIAN STAMP _____

DATE _____

REVISED MAY 2008



What are “Triggers”?

Triggers are things that can make asthma worse and cause an asthma episode

Each person has different triggers, but there are common asthma triggers that a teacher can address to make the classroom healthier for all

Avoiding asthma triggers is an important step in controlling asthma



Common Asthma Triggers in the Classroom

Allergens

Dust and dust mites



Furry and feathered animals like cats, dogs, gerbils, guinea pigs and birds



Mold and mildew



Pests, like cockroaches and mice



Food allergies



Indoor Air Quality Triggers

Strong odors or fragrances



Poor ventilation



Temperature and humidity problems



Tobacco smoke



Other Triggers

Respiratory illness or infection



Exercise



Sports or physical education



Strong physical expressions of feelings





What Can a Teacher do to Control Exposure to Classroom Triggers?

Reduce exposure to dust and dust mites





Reduce classroom clutter - stacks of books, paper, and cardboard boxes

Utilize covered bins for classroom materials to make cleaning easier

Avoid area rugs, upholstered furniture and plants which are reservoirs for dust, mold and other allergens

Avoid furry or feathered pets in the classroom



Pet dander, saliva, feathers, pet feces and urine all contain the allergens that can trigger asthma and skin rashes

These allergens are transported to other rooms through the school's ventilation system and cannot be isolated to one room



Identify other ways to bring in educational experiences with animals that limit exposure to pet allergens



Check your district/school policy regarding live animals in the classroom



Report leaks, odors, and mold problems



Know the protocol for reporting problems in your building



Follow your school policy to report leaks, odors, mold, or other environmental conditions to your building administrators and your maintenance staff

Clean up small spills promptly and report large spills to maintenance staff



Know your IAQ Designated Person



Follow Procedures to Reduce Pest Infestation



Minimize eating in the classroom

Food stored in the classroom should be in sealed containers

Clean up crumbs promptly

See that food waste is removed daily



Do not spray pesticides

Report pest problems to maintenance staff so they can implement Integrated Pest Management (IPM) strategies



What is IPM?



Integrated Pest Management (IPM) is the use of pest control methods that minimize hazards to people, property, and the environment



IPM is a safer, less costly option for effective pest management

An informative web page on the New Jersey School IPM Program can be viewed online at:

<http://www.state.nj.us/dep/enforcement/pcp/pcp-ipm.htm>

To learn more about IPM go to:
www.epa.gov/pesticides/food/ipm.htm

Follow your school IPM plan



Use low-odor instructional supplies



Be aware that strong odors from art projects, science projects, markers and other instructional tools can trigger asthma



Use supplies and products that are non-toxic, district approved, and have an MSDS (Material Safety Data Sheet) on file if required

Eliminate chemical fumes and fragrances



- **Avoid use of aerosol products, “air fresheners” and personal care products**



- **Use only products that are district/school approved for use and be sure there is an MSDS on file if required**
- **Be aware that aerosols and strong odors can trigger breathing problems in, and rashes on sensitive individuals**

Go “Green” - use approved natural cleaning products



Do not bring in your own cleaning materials



Low odor and low toxicity cleaning supplies should be provided by your school in compliance with your IAQ program

Control temperature and humidity



Keep air vents clear of furniture, piles of books or other stored items



Follow the NJIAQ Standard Guidelines on acceptable room temperature and humidity levels

Prevent allergic food reactions



Consult with your school nurse early in the school year regarding foods that trigger life-threatening food allergies and asthma in students





Common Outdoor Asthma Triggers

Exercise



Pollen, ozone, and irritants such as pollution and exhaust fumes



Weather changes



Although exercise and outdoor activities are strongly encouraged...



For students with asthma:



Check with your school nurse to determine what the health care provider recommended on the student's Asthma Treatment Plan regarding exercise and physical activity

Some students may need to take asthma medication prior to exercise

Reduce exposure to pollen, ozone, and other irritants



- 1. Before planning an outdoor activity check the Air Quality Index for your geographic area**
- 2. Try to plan an alternate indoor activity if the air quality is poor for the day**



Where Do I Find the Air Quality Index(AQI) Information?



www.njaqinow.net

Index Legend

Green–Good

Yellow–Moderate

Orange–Unhealthy For Sensitive Groups

Red–Unhealthy

Maroon–Very Unhealthy

Dark Brown–Hazardous

Gray–No Index Data

All students, especially those with asthma, need to limit time outdoors on:

High ozone days

High pollen count days

Hot and humid days

Cold, windy days

Hot temperature and humidity

Hot, humid air and wet weather encourage the growth of mold spores

In certain areas, heat and sunlight combine with pollutants to create ground-level ozone



Cold dry air

Cold dry air irritates airways and can quickly cause severe symptoms.

People with exercise-induced asthma who participate in winter sports are especially susceptible.

Dry, windy weather can stir up pollen and mold.



What about planning a party or a field trip?



Both state and federal laws require accommodations to be made so all students, even those with disabilities like asthma, can participate in all the educational experiences

Talk with your school nurse to ensure compliance with the New Jersey Law and the Federal Laws

Work with your school nurse when planning parties and field trips



**Avoiding asthma triggers
is an important step
to controlling asthma**

How can I remember all of these recommendations?




The Pediatric Adult/Asthma Coalition of NJ makes it easy to remember

These recommendations are summarized on their “Kids Learn Better in a Clean and Healthy School” Top Ten List

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT TEACHERS, STAFF & STUDENTS CAN DO:

- 1 Report unusual odors, mold or other environmental conditions related to specific areas of the building to maintenance staff.
- 2 Do not spray pesticides; report pest problems to maintenance staff.
- 3 Reduce classroom clutter and utilize covered bins for classroom materials to make cleaning easier.
- 4 Keep air vents clear of furniture, piles of books or other stored items.
- 5 Avoid carpeting and old upholstered furniture. They are reservoirs for dust, mold and other allergens.
- 6 Use only low odor, low toxicity cleaning, instructional, art and science products and follow manufacturers' instructions.
- 7 Avoid use of aerosol products. Be aware that aerosols and harsh chemicals can trigger breathing problems and rashes in sensitive individuals.
- 8 Keep furry or feathered pets out of classrooms.
- 9 Minimize eating in the classroom. Food stored in the classroom should be in sealed containers. Cleanup small spills promptly. Report large spills to maintenance staff.
- 10 Serve on a committee to help promote a regular program of healthy school maintenance.



RESOURCES FOR MORE INFORMATION: www.healthystools.org; www.epa.gov/iaq (Tools for Schools); www.pacnj.org
Developed by the Pediatric Asthma Coalition for Healthy Schools and Pediatric Asthma Coalition of NJ
with support from NJ Departments of Health and Senior Services.

And See the “Top Ten List” for Administrators and Maintenance Staff

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT MAINTENANCE STAFF CAN DO:

- ✓ **WORK WITH SCHOOLS' BASED HEALTH AND DEVELOPMENT COMMITTEES** to raise awareness of and achieve a healthy school environment.
- ✓ **TEST AND FLUSH WELL-LEVEL PROMPTLY.** Try not to mix materials and never re-circulate any materials that have not passed all tests.
- ✓ **TEST LEAK AND TIGHTEN A PIPES AIR SCHEDULES** for reporting plumbing, leaks, odors, water, floods, and complying for water leakage and mold growth or moldy odor.
- ✓ **ADOPT AND FOLLOW INTEGRATED PEST MANAGEMENT (IPM) METHODS:**
 - Do not service outdoors.
 - Reserve food service and water that you intend to consume, drink, wash.
 - Report odors that can provide shelter for pests.
 - Empty food containers daily into sealed container, preferably located away from school building.
 - Seal up cracks, holes or any other points of entry for pests.
 - Inspect and change air filters per room according to a regular schedule.
 - Engage a licensed pesticide applicator to apply bait and/or sprays or any other pesticide in school buildings. (NJ A.C. 17A:27, 28.6, 17A)
- ✓ **KEEP THE BUILDING CLEAN**
 - Use entrance mats - off mats to reduce dust and dirt tracked into school building.
 - Sweep or wet mop floor floors daily.
 - Vacuum carpeted areas daily. Using fans, reduce carpeting with washable hard surface floors. Carpet padding (kangaroo) used below.
- ✓ **DETAILING, FOLLOW AND DOCUMENT REGULAR SCHEDULES OF MAINTENANCE** for Heating, Ventilation, Air Conditioning (HVAC) systems.
 - Keep outdoor air intakes vents clean and free of debris.
 - Inspect and change air filters per room according to a regular schedule.
 - Maintain positive temperature in restrooms to 68°F to 72°F.
- ✓ **MINIMIZE EXPOSURE TO TOXIC CHEMICALS:**
 - Specify unperfumed, low water, low toxicity cleaning products.
 - Avoid strongly odorous cleaning products that can irritate eyes, nose, throat and skin. (NJ A.C. 17A:27)
- ✓ **REGULATE AIR QUALITY MONITORING OR TESTING** if previously accepted.
- ✓ **WORK WITH CONSTRUCTION** to insure compliance with requirements related to safety to know, dust control, mold prevention, asbestos management, and overall environmental.
- ✓ **REPORT PROBLEMS** if in questions and concerns about school conditions.

FOR MORE INFORMATION: www.healthypacnj.org www.pacnj.org/HealthySchools
Downloaded by: [Name] on [Date] from [Source] at [Address]

KIDS LEARN BETTER IN A CLEAN & HEALTHY SCHOOL
It's Everyone's Job!

TOP TEN LIST for WHAT ADMINISTRATORS CAN DO:

- ✓ **FOLLOW PROGRAM** of basic cleaning and maintenance to create and maintain a healthy school.
- ✓ **SCHEDULE AT LEAST ONE STAFF MEETING ANNUALLY** that deals with school health and safety to heighten awareness of healthy schools issues and to review classroom and maintenance check lists.
- ✓ **REGULARLY REVIEW ALL PROCEDURES** regarding health and safety with District and school principal staff.
- ✓ **PERIODICALLY TOUR YOUR BUILDING** with maintenance personnel to identify potential health and safety problems.
- ✓ **INSTITUTE A PROCESS** to respond to environmental and health concerns in a timely manner.
- ✓ **DEVELOP A PLAN** to communicate any important health and safety issues to parents and the public.
- ✓ **SUPPORT A SCHOOL HEALTH AND SAFETY COMMITTEE** that includes your school nurse and representatives of maintenance staff, teachers and parents.
- ✓ **EVALUATE THE LEAD EXPOSURE POTENTIAL** of your school including sources such as paint, water, soil and dust.
- ✓ **POSSIBLY SOO EDGING** adjacent to school buildings to prevent insect fauna from entering buildings or affecting children on school site walks.
- ✓ **COMPLY WITH NEW JERSEY STATE REGULATIONS FOR:**
 - Right to Know Testing (NJSA 15A:28-18)
 - Radon Testing (NJSA 15A:28-40)
 - Pest Management (NJAC 17:28-15)
 - Asbestos Management (NJAC 15A:16-2.1 (e))
 - Airborne Management (NJAC 17:28-4)
 - Construction Management (NJAC 17:100.18 (f))

Student performance and attendance are better in a healthy building

FOR MORE INFORMATION: www.healthypacnj.org www.pacnj.org/HealthySchools
Downloaded by: [Name] on [Date] from [Source] at [Address]

All 3 are available from the PACNJ website at

<http://www.pacnj.org/schools.html>

When a student's asthma is well controlled, the student...



-
- **Participates in all activities**
 - **Is not constantly coughing**
 - **Has minimal side effects from medications**
 - **Uses a quick reliever medication no more than 2 times per week, unless needed before exercise**
 - **Has no hospitalizations or emergency room visits due to asthma**

Promote a total healthy school environment



Serve on your school's indoor air quality team to develop a regular program that promotes a healthy school environment



**Are you ready?
Have you checked with your
school nurse to...**



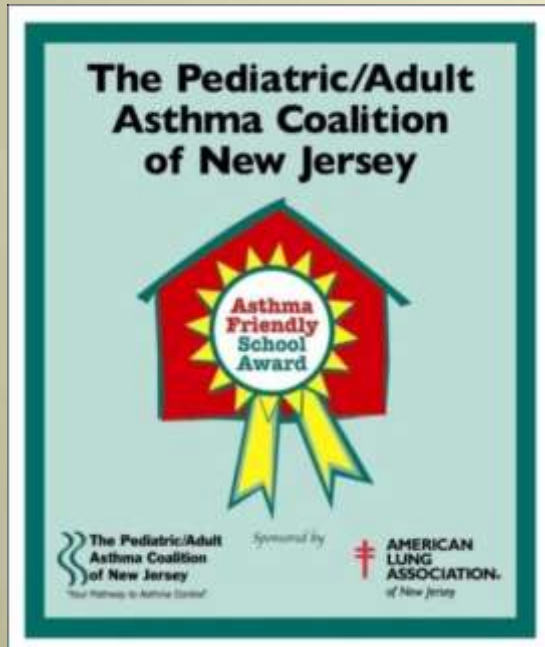
-
- 1. Identify the students in your class with asthma?**
 - 2. Discuss their asthma triggers?**
 - 3. Develop a plan of action to respond quickly when you notice the early warning signs?**



PACNJ Asthma Friendly School Award

**By participating in this training,
you have helped your school meet one of the
Six Steps for Success to qualify for the
PACNJ Asthma Friendly School Award**





Other criteria include:

- Asthma management training for school nurses
- An Indoor Air Quality team in each school
- School administration signs a NJDEP no-idling pledge for school buses:

<http://www.stopthesoot.org/sts-pledge.htm>



Remember...

Asthma

IS a long term (chronic) lung disease

IS triggered by indoor and outdoor allergens and irritants

CAN'T be cured

CAN be controlled





Resources for More Information

-
- PACNJ Website (www.pacnj.org) for:
 - Asthma Treatment Plan and Patient/Parent Instructions
 - Kids Learn in a Clean and Healthy School and Top Ten Lists for Teachers, Administrators and Maintenance Staff
 - Top Ten Cards for Controlling Asthma Triggers in the Home
 - National Asthma Education and Prevention Program
 - NAEPP School Asthma Education Subcommittee & NASN
 - Is the Asthma Action Plan Working?
 - A tool for school nurse assessment

www.nhlbi.nih.gov/health/prof/lung/asthma/asth_act_plan_frm.pdf

**Reilly, D. NASN. Managing Asthma Triggers:
Keeping Students Healthy: Air Quality Issues (an
NASN training program for school nurses)**

**U.S. Department of Education & U.S. Department of Health and
Human Services, 2008. Joint Guidance on the Application
of the Family Educational Rights & Privacy Act (FERPA) and
the Health Insurance Portability and Accountability Act of
1996 to Student Health Records, (4)**



Go To These Websites For More Information on Asthma

www.aanma.org

www.epa.gov/pesticides/food/ipm.htm

www.epa.gov/iaq
(Tools for School)

www.epa.gov/iaq/schools/bulletins.html
(Electronic bulletins and updates on (IAQ))

www.healthyschools.org

www.state.nj.us/health/fhs/asthma/index.shtml

www.pacnj.org

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*This program was developed
by Carol McGotty, RN, MS*

Technical Advisors:

Arthur J. Torre, MD
Clatie Campbell, RRT

*This program was reviewed and
approved by the PACNJ School
and Environmental Task Force*

Linda Bonanno, Ph.D
Elizabeth Craft, MS, RN
Robyn D’Oria, MA, RNC, APN
Melinda Dower
Nancy C. Gerrity, MSN, RN
Joanna Hayden, RN, PhD, CHES
Jeanne Horsey, RN, CPNP
Rosemary Horkay
Lisa Jones, MSN, RN
Tommie Lou Judson, RN
Ellen Keane, RN, APN-C, CSN

Larainne Koehler
Marguerite Leuze, PhD
Juliet McGuinness, MAT
Ailene A. McGuirk
Barbara Peterson
Elyse Pivnick, MCP
Barry Prystkowsky, MD
Elaine Suehnholz
Rita Thornton, JD, PhD
LaCoyya Weathington
Clifford P. Weisel, PhD
Stanley H. Weiss, MD, FACP, FACE
Karen Worthington, MS, RN, COHN-S
Brenda Zemo

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PACNJ Coordinating Committee Members:

Joslyn Bjorseth

Robyn D'Oria, MA, RNC, APN

Arnold Finkel, MD

Sandra J. Fusco-Walker

Lisa Jones, MSN, RN

Tommie Lou Judson, M.Ed., RN, NCSN

Laraine G. Koehler

Roberto Nachajon, MD

Nuris Rodriguez, MSW

Sharon Rainer, MSN, APN

Elaine Suehnholz

Nancy Thomson, M.Ed

Melissa Vezina, MPH

Stanley Weiss, MD, FACP, FACE

Linda Whitfield Spinner, LCSW

Teresa Lampmann, PACNJ Coordinating Manager, PACNJ

Maris Chavenson, Associate Coordinator, PACNJ

Bonnie Veaner Parks, MPH, MLIS, Asthma Friendly School Award Project Coordinator

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Gladys Bensimon, Director, Producer

Drew Oberholtzer, Editor