



Superintendent's Circular

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ASTHMA IN SCHOOLS

This circular will remain in effect unless rescinded or superseded by a subsequent version

POLICY STATEMENT

The Boston Public Schools recognizes that a clear, concise policy on asthma management in school can impact academic achievement. All schools must have protocols and procedures for children with asthma and evaluate the implementation of these plans regularly. This document outlines the comprehensive and collaborative nature of managing a child's asthma within a school setting.

BACKGROUND ON ASTHMA

Because asthma is one of the most common chronic childhood illnesses and a major cause of student absences, it is important for schools to adopt a comprehensive, coordinated approach to addressing asthma.

While asthma affects people of all ages, races, genders, and segments of society, the burden is not equally shared across racial and ethnic groups. It is most often a disease of the young and of the poor. In 2020, 25.3 million Americans reported a diagnosis of asthma. Of those, 21 million were adults, and 4.2 million were children.¹ Nearly half of children (52.7%) and adults with asthma living below the poverty level reported an asthma

attack in the past year², which is an indication of poor asthma control. Children and people living below the poverty level are among the groups most likely to have asthma, and to suffer from severe asthma attacks, hospitalization, and even death. Asthma morbidity and mortality are disproportionately burdensome for African Americans and Hispanics, who are least likely to have access to health education and adequate healthcare.

A comprehensive plan includes management and support systems, appropriate health and mental health services, educational programs for staff and students, appropriate and reasonable environmental remediation, and communication systems with home and child clinicians.

These components need to be integrated with community efforts that include the medical and mental health fields, housing and community air quality improvements, and active engagement of families.

This document links with the Medication Administration Policy and Management of Life-Threatening Allergic Reaction policies.

PROTOCOL FOR IMPLEMENTATION

Role of the Parent

- At the time of registration, the parent/guardian should inform the Welcome Center staff of any health concerns of their child, including asthma. The Health Services Department remains available to support any student or parent/guardian wishing to discuss this information privately.
- Complete emergency forms indicating that their child has

asthma and include emergency numbers.

- Provide the school nurse with a current Asthma Action Plan and emergency management plan from the student's physician and/or pulmonologist. It is recommended that the parent/guardian meet with the school nurse in person to discuss their child's plan.
- Review with your child's primary care provider/specialist and sign all asthma forms presented by the school nurse. These may include a combination of the following:
 - Permission for a school nurse to communicate with the family and the primary care provider/specialist
 - Authorization to dispense medication
 - Consent for child's self-administration of asthma medicine (when developmentally appropriate)
 - The Parent/Guardian Asthma Questionnaire
 - The Asthma Action Plan
- Provide the school with a pharmacy-labeled supply of medications (oral and inhalers), including nebulizer medications, masks, and tubing. Most health rooms have nebulizers but are not equipped with extra masks and tubing.
- Participate in the Asthma Action Plan for their child with the child's health practitioner and deliver the completed asthma action plan to the school nurse.
- Provide a cell phone number or other emergency number/s
- Assure that the pre-school and after-school staff has the appropriate information and training.

Role of the School Administrator

- Support faculty, staff, and parents in implementing all aspects of the asthma management program, including self-management.
- Support the development of a schoolwide policy, with input from the School Site Council, for management of the school environment, which includes, but is not limited to:
 - Maintaining an active Integrated Pest Management Program
 - Review of and action on annual school inspections
 - Use of green cleaners
 - Enforcement of the tobacco-free policy
- Ensure there is a contingency plan for a substitute nurse, teacher, or food service personnel who is not familiar with the child.
- Ensure that the classroom staff is informed about asthma prevention, management, and emergency response.
- Support program development, especially in schools with higher than the state average of students diagnosed with asthma or with large numbers of absenteeism related to asthma.
- Review environmental inspections and ensure that all work orders occur in a timely fashion.
- Support the student support team, the school nurse, and the classroom teacher in identifying children with increased absenteeism in relation to asthma.
- Inform the school nurse 4-6 weeks in advance of field trips

to thoroughly support a student's participation in a field trip and ensure adequate planning time (e.g., staff training, preparation of medications)

Role of the Student (where it is developmentally appropriate)

- Sign off on self-administration plan guidelines.
- Participate in self-management program(s) such as [Open Airways](#) or [Kickn' Asthma](#) to help better identify triggers that may cause asthma symptoms and response.
- Complete the "Student Breathing/Asthma Questionnaire."

Role of the School Nurse

- Obtain and review the student's current Asthma Action Plan (AAP) and other pertinent information from the student's parents/guardians and health care providers, including medication administration permission form.
- Obtain releases for nurse/health care provider communication and physician authorization for medication.
- Administer medication per provider order, monitor asthma control, coordinate care, and maintain records.
- Provide safe storage and easy access to prescribed medication when needed.
- Promote and encourage independence and self-care consistent with the student's ability, skill, maturity, and development as indicated in the AAP. After reviewing the AAP with the parents/guardians and student, implement, review, and update the plan throughout the school year as needed.

- Develop a plan for student management in the classroom, lunchroom, playground, and athletic field that provides routine and emergency care.
- Complete with the student (where developmentally appropriate) the Student Breathing/Asthma questionnaire.
- Ensure that all other staff members (including coaches) who have contact with children with asthma are familiar with their Asthma Action Plan on a need-to-know basis. Teachers should be contacted individually rather than with lists posted.
- Provide a list of students with life-threatening allergies as a component to their asthma (if consent is given by parent) to all staff on a need-to-know basis; lists must be maintained in a confidential manner to protect students' privacy.
- Conduct in-service training and education for appropriate staff regarding asthma symptoms, risk reduction procedures, and emergency procedures. This information should be reviewed annually, preferably at the beginning of the school year.
- Ensure that there is a contingency plan in place in all school-related venues where substitutes are utilized.
- Communicate with parents regularly to discuss issues relating to the plan.

Role of the Teacher

- Maintain a discrete list of all students in the classroom with asthma; lists must be maintained in a confidential manner to protect students' privacy.

- Participate in asthma awareness professional development opportunities, as needed.
- Inform volunteers, student teachers, aides, specialists, and substitute teachers about the child's asthma needs on a need-to-know basis, while maintaining student confidentiality.
- Provide the school nurse with an adequate warning (4-6 weeks for field trips) about school-sponsored off-site activities.
- Notify the school nurse of any concerns.

Role of Off-site Staff

- Maintain a list of all students with severe persistent asthma; lists must be maintained in a confidential manner to protect students' privacy.
- Coaches will be informed of any students on their teams who have asthma (through review in ASPEN/Sports Clearance form) and trained in asthma awareness and maximizing athletic performance.
- Allow responsible students to self-medicate during practices and sports events; students must have a self-medication plan on file with the school nurse.

Role of the Coordinator of Special Education (COSE):

- If a student is referred for consideration for a 504 accommodation plan and/or special education, the COSE will process as appropriate; the parent/guardian, school nurse, and other school staff must be involved in the plan

development and implementation.

- If a student is eligible for a 504 accommodation plan (or is being evaluated for a 504 accommodation plan), the team will discuss eligibility for transportation.
- If a student already has an IEP (or is being evaluated) and transportation may be necessary for the medical condition (but not necessarily the area of educational disability), the team shall consider transportation needs (team shall include school nurse). If special transportation is necessary, it can be added to the IEP.

REFERENCES

[Managing Asthma: A Guide for Schools](#)

[Asthma Self-Management Skills, American Lung Association](#)

[CDC Strategies for Managing Asthma in Schools](#)

[¹CDC Most Recent National Asthma Data](#)

[²American Lung Association Controlling Childhood Asthma and Reducing Emergencies Initiative](#)

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