

WHEREAS, asthma is a leading chronic illness cause of school absences. In the years 1994-1996, parents reported 14 million lost days of school in children ages 5-17 years due to asthma;¹

WHEREAS, 9 million children under the age of 18 have had asthma (or over 6 million have a current diagnosis of asthma);²

WHEREAS, about 3 children in a classroom of 30 are likely to have asthma;²

WHEREAS, nearly 1 in 5 of all pediatric emergency room visits are asthma related;¹

WHEREAS, one of the national health objectives for the year 2010 is to reduce the number of school days missed by students with asthma due to asthma;⁶

WHEREAS, many factors associated with increased mortality and morbidity in persons with asthma such as medication misuse, substance abuse, smoking cigarettes, and poor indoor air quality are amenable to coordinated school health programs, policies and services;^{4,7,8}

WHEREAS, self-administered inhaled medication is frequently used to manage asthma and treat acute exacerbations;²

THEREFORE, BE IT RESOLVED: that the American School Health Association recommends that all local school boards and local health departments should adopt policies for the management of asthma which will encourage the active participation of students in self-management of their condition, and consistent, active participation in school activities. These policies should require:

- A. A physically healthy environment, i.e., smoke-free, minimal allergy-triggering factors, for all school-related activities;
- B. Full-time access to health services coordinated by a registered professional school nurse. These services should include:
 - 1) identification and assessment of students with asthma,
 - 2) a written Individual Health Plan/Asthma Action Plan for each student with asthma which is reviewed at least annually,
 - 3) staff training and guidance to implement the Individual Health Plan and, minimally, an annual review of practices,
 - 4) documentation, monitoring, evaluation, and reporting of medication administration to the student's parent/guardian and/or health care provider, and
 - 5) intensive case management for students who miss excessive numbers of days due to asthma
- C. A written medication policy that assures:
 - 1) safe, reliable, and prompt access to medications in the least restrictive way during all school and school-related activities, and
 - 2) guidelines for self-management and administration of medication to permit students to carry and self-administer medications as described in that student's Individual Health Plan and in a manner consistent with both the needs of the student with asthma and the safety of others.
- D. A written school-wide emergency plan to guide the response of school personnel during severe episodes of asthma on school property, or during school-related activities including transportation;
- E. Staff development for all school personnel regarding:
 - 1) conditions of asthma
 - 2) school medication policies, including self-administration
 - 3) confidentiality of student health information
 - 4) procedures for communicating health concerns about students
 - 5) use of alternative instruction for students with severe conditions
6. Asthma awareness education for all students and asthma education for students with asthma; and
7. Appropriate options for physical education and physical activity.

References

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