

DISTRICT OF COLUMBIA DEPARTMENT OF HEALTH

# Managing Asthma and Allergies in DC Schools



**A Comprehensive Resource and Educational Guide for  
Improving Asthma and Allergy Care in District of Columbia Schools**

# Physical Education Instructors, Coaches, and Athletic Trainers



**T**he role of physical education teachers is in some ways probably the first line of recognition of children who have problems with their asthma...They can really help these children.

— David Evans, PhD, Columbia University, a pioneer in effective methods for teaching patients and healthcare professionals about asthma.

# Action Checklist for Physical Education Instructors, Coaches, and Athletic Trainers

Encourage exercise and full participation in sports for students with asthma and anaphylaxis. When asthma is well controlled and care is taken to avoid anaphylaxis triggers, most students with these conditions can participate in physical activity. But it is also important to recognize and respect their limits. Plan to adjust the type, pace, or intensity of activities during extreme weather, the pollen season, poor air quality, or when a student has allergy symptoms or a recent illness. Make sure the student's medication is easily accessible and know what to do in the event of an asthma attack or severe allergic reaction.

- Identify those students who have a diagnosis of asthma or anaphylaxis or a history of asthma symptoms with physical activity or of allergic reactions.** Ask your school nurse or use student health information.
- Check the student's Asthma Action Plan, Anaphylaxis Action Plan, or emergency care plan and follow it.** Consult with the school nurse to learn more about these plans and which students have them.
- Communicate with the school nurse and the student's parents/guardians about asthma and anaphylaxis management.** Take appropriate steps to inform a student's parents/guardians if the student frequently experiences asthma symptoms with physical activity, because a re-evaluation by the student's healthcare provider may be necessary.
- Keep student's rescue medications readily available** (typically an inhaler for asthma and an EpiPen® or Twinject® auto-injector for anaphylaxis). Even with precautions, breathing problems may occur. Providing medicine quickly can stop an episode or prevent it from getting worse.
- Encourage students to prepare for physical exercise:**
  - Ensure that students with asthma have taken their pre-exercise medication if prescribed (usually using a rescue inhaler, preferably with a spacer) 15 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 action plan or emergency care plan for information about his or her asthma or anaphylaxis triggers, and help the student to avoid them when possible.
- Consider modified exercise as needed:**
- 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 or 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., ozone alerts, high pollen counts, freshly cut or sprayed fields) students with asthma may need to avoid being physically active outdoors.
  - If a student is unable to fully participate, help him/her find ways to participate in a less strenuous manner such as being the scorekeeper, equipment handler, etc. until ready to participate fully.
- Never encourage a student or student athlete with asthma to “tough it out” and don’t allow other children to tease or encourage a child who is wheezing to continue the activity.**
  - Respect the student’s right to confidentiality and privacy.** Discussion and questions about how he/she feels (in detail) should be asked quietly and with discretion.

## Athlete Data and Emergency Treatment Information

Name *(Last, First MI)* \_\_\_\_\_ Athlete ID # *(Enter DCPS Student # or last 4 digits of SS#)* \_\_\_\_\_

Street \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Gender  Male  Female Date of Birth \_\_\_\_\_ Grade \_\_\_\_\_

School \_\_\_\_\_ SY \_\_\_\_\_

### Sports

- |   |   |  |   |
|---|---|--|---|
| <input type="checkbox"/> Baseball – JV        | <input type="checkbox"/> Crew               | <input type="checkbox"/> Lacrosse      | <input type="checkbox"/> Soccer – Varsity |
| <input type="checkbox"/> Baseball – Varsity   | <input type="checkbox"/> Cross Country      | <input type="checkbox"/> Indoor Track  | <input type="checkbox"/> Swimming         |
| <input type="checkbox"/> Basketball – JV      | <input type="checkbox"/> Football – JV      | <input type="checkbox"/> Outdoor Track | <input type="checkbox"/> Tennis           |
| <input type="checkbox"/> Basketball – Varsity | <input type="checkbox"/> Football – Varsity | <input type="checkbox"/> Softball      | <input type="checkbox"/> Volleyball       |
| <input type="checkbox"/> Cheerleading         | <input type="checkbox"/> Golf               | <input type="checkbox"/> Soccer – JV   | <input type="checkbox"/> Wrestling        |

### Emergency Contact

Contact	Primary Relationship	Phone 1	Type	Phone 2	Type

### Insurance & Billing

Insurance Co. & Policy # \_\_\_\_\_ Insurance Co. Phone \_\_\_\_\_

Policy Holder's Name \_\_\_\_\_ Effective Date \_\_\_\_\_

Do you have any of the following conditions *(check all that apply)*?

- Anemia   
  Asthma   
  Allergies   
  Diabetes  
 Epilepsy   
  High Blood Pressure   
  Other \_\_\_\_\_

Do you wear contacts or glasses?     Contacts     Glasses

When was your last tetanus booster?    Month/Year \_\_\_\_\_

List all other conditions and all medications currently taken \_\_\_\_\_

***Should it become necessary for this student to require medical treatment while participating in an interscholastic athletic event/trip of practice session, I hereby authorize the District of Columbia Public School's health care providers (athletic trainers, team/game physicians and emergency medical technicians (EMT's) to provide athletic medical care to my child and/or obtain appropriate medical services. Furthermore, if DCPS personnel are unable to reach those designated above, I give my consent to the DCPS athletic health care providers to take my child to a hospital, emergency care center or available physician.***

Signature \_\_\_\_\_ Date \_\_\_\_\_



# What to do for Exercise-Induced Asthma?

## What can a coach, referee or PE teacher do to assist athletes with EIA?

- Ensure athletes with asthma take their rescue (quick-relief) inhaler before starting aerobic activity (as directed by their healthcare provider) and again if they start to experience asthma symptoms during the athletic event.
- If an athlete begins to experience an asthma or anaphylaxis attack, follow the “Asthma & Anaphylaxis First Aid in the School Setting” guidelines.
- Have athletes warm up for 15-20 minutes (generally) doing light, intermittent exercises.

## Winter or cold-weather sports, follow these additional guidelines:

- Have athletes with asthma warm up longer, for 30-60 minutes.
- Wear a mask or scarf to warm cold air before breathing it.
- Take asthma medications 15-30 minutes before skiing, snowboarding, ice skating, etc.



# National Athletic Trainers' Association Position Statement: Management of Asthma in Athletes

## Recognition, Prevention and Management of Asthma in Athletics

The National Athletic Trainers' Association's (NATA) position statement on management of asthma in athletes appeared in its entirety in the September 2005 issue of the *Journal of Athletic Training*. NATA offers the following recommendations for certified athletic trainers (ATCs) and other health care professionals to follow:

### I. Be aware of the major asthma signs and symptoms:

- Coughing
- Wheezing
- Tightness in the chest (or chest pain in children)
- Shortness of breath (dyspnea)
- Breathing difficulty at night
- Breathing difficulty upon awakening in the morning
- Breathing difficulty when exposed to certain allergens or irritants
- Exercise-induced symptoms such as coughing or wheezing
- An athlete who is well conditioned but does not seem to be able to perform at a level comparable with other athletes who do not have asthma
- Family history of asthma

- Personal history of atopy (where the reaction or allergy can be found in other areas of the body, e.g. ingesting something and then breaking out in a rash) including atopic dermatitis/eczema or hay fever (allergic rhinitis)

### II. Provide guidelines for referral so athletes with asthma, and/or those suspected of having it, can receive a thorough evaluation. Athletic trainers and other health care professionals should:

- Incorporate an asthma action plan for managing and referring athletes who may experience significant or life-threatening attacks, or breathing difficulties, into their existing emergency action plans.
- Have pulmonary function measuring devices, such as peak expiratory flow meters (PFMs), at all athletic venues, and be familiar with how to use them.
- Encourage well-controlled asthmatics to engage in exercise to strengthen muscles, improve respiratory health and enhance endurance and overall well being.
- Refer athletes with atypical symptoms; symptoms that occur despite proper therapy; or other complications that can exacerbate asthma (e.g., sinusitis, nasal polyps, severe rhinitis, gastroesophageal reflux disease [GERD] or vocal cord dysfunction), to a physician with expertise in sports medicine. Such doctors include allergists, ears, nose and throat physicians, cardiologists and pulmonologists trained in providing care for athletes.

### III. Describe management plans to prevent and control asthma attacks when they occur. ATCs and coaches should:

- Consider providing alternative practice sites for athletes with asthma. Indoor practice facilities that offer good ventilation and air conditioning should be taken into account for at least part of the practice.
- Schedule practices during times at which pollen counts are lowest (e.g., in the evening during the peak of ragweed pollen season).
- Encourage players with asthma to have follow-up examinations at regular intervals with their primary care physician or specialist. These evaluations should be scheduled at least every six to 12 months.



### IV. Educate ATCs and athletes about pharmacological and non-pharmacological therapies and techniques to help control asthma:

- Athletes with exercise-induced asthma (EIA) may benefit from use of short- and long-acting  $\beta_2$ -agonists. These agents can be used for prophylaxis during practice and game participation.
- When used to prevent EIA, a short-acting  $\beta_2$ -agonist, such as albuterol, should be inhaled 10 to 15 minutes prior to exercise.
- The excessive need for short-acting  $\beta_2$ -agonists therapy during practice or an athletic event should cause concern. A physician should evaluate the athlete before returning to participation.
- Long-acting  $\beta_2$ -agonists should, in general, only be used for asthma prophylaxis and control. Usually, the long-acting agents are combined with an inhaled steroid. Athletes with past allergic reactions or intolerance to aspirin or non-steroidal anti-inflammatory drugs (NSAIDs) should be identified and provided with alternative medicines, such as acetaminophen.

About the NATA: Certified athletic trainers (ATCs) are unique health care providers who specialize in the prevention, assessment, treatment and rehabilitation of injuries and illnesses that occur to athletes and the physically active. The National Athletic Trainers' Association represents and supports 30,000 members of the athletic training profession through education and research. [www.nata.org](http://www.nata.org). NATA, 2952 Stemmons Freeway, Ste. 200, Dallas, TX 75247, 214-637-6282; 214-637-2206 (fax).

Excerpted from NATA Press Release. *Recognition, Prevention & Management of Asthma in Athletics*. August 7, 2005. [www.nata.org/newsrelease/archives/000274.htm](http://www.nata.org/newsrelease/archives/000274.htm).

Miller MG, Weiler JM, Baker R, Collins J, D'Alonzo G. National Athletic Trainers' Association position statement: management of asthma in athletes. *J Athl Train*. 2005 Jul-Sep;40(3):224-45. [www.nata.org/statements/position/asthma.pdf](http://www.nata.org/statements/position/asthma.pdf).

Photo: Monaghan Medical Corporation



# Monitoring Outdoor Air Quality

## What is the Air Quality Index (AQI)?

The AQI tells us how polluted the local air is and when it is unhealthy to breathe. Children and adolescents are at greater risk from poor air quality because they are more active outdoors and their lungs are still developing. Poor air quality also particularly affects individuals with heart and lung conditions (including asthma) and older adults. Even healthy people can experience problems associated with high levels of air pollution.

The AQI, like an air quality “thermometer,” translates daily air pollution concentrations into a number on a scale between 0 and 500. An AQI of 101 to 150 is “unhealthy for sensitive groups,” including children with asthma. The U.S. Environmental Protection Agency (EPA) calculates the AQI for five major air pollutants regulated by the Clean Air Act: ground-level ozone, particulate matter, carbon monoxide, sulfur dioxide, and nitrogen dioxide. Each of the five pollutants has a separate AQI scale.

The Washington region is a non-attainment area for ground-level ozone and fine particles (PM<sub>2.5</sub>) according to federal health standards.

- **Ozone**, a gas formed when the sun heats polluted air, generally peaks in DC between May and September. Ozone levels also tend to peak from mid-afternoon to mid-evening. If ozone levels are high, that’s the time to reduce physical exertion (see AQI Activity Chart on following page).
- **Carbon monoxide** may be high in winter because the cold weather makes it difficult for car emission control systems to operate effectively.
- **Fine particles (soot)**, from vehicles and industries, can be high anytime.

## How do I know when to take action?

The Metropolitan Washington Council of Governments provides daily reports and forecasts of air quality at [www.mwcog.org/environment/air/forecast](http://www.mwcog.org/environment/air/forecast). Sign up for alerts via e-mail or text messaging or check the news for bad air days.

### The AQI Air Quality Scale

<b>GREEN</b> Good	<b>YELLOW</b> Moderate	<b>ORANGE</b> Unhealthy (for sensitive groups)	<b>RED</b> Unhealthy	<b>PURPLE</b> Very Unhealthy	<b>MAROON</b> Hazardous
0	51	101	151	201	301+

## Recommendations for Schools and Others on Poor Air Quality Days\*

### Air Quality Index (AQI) Chart for Ozone (8-hour standard)

All guidelines are cumulative (left to right and top to bottom) as duration and intensity of activities increase.

ACTIVITY	GREEN 0 – 50 Good	YELLOW 51 – 100 Moderate	ORANGE 101 – 150 Unhealthy for sensitive groups	RED 151 – 200 Unhealthy	PURPLE 201 – 300 Very Unhealthy
Recess (15 minutes)	No Restrictions	No Restrictions	Make indoor space available for children with asthma or other respiratory problems	Any child who complains of difficulty breathing, or who has asthma or other respiratory problems, should be allowed to play indoors.	Restrict outdoor activities to light to moderate exercise.
Physical Education (1 hour)	No Restrictions	No Restrictions	Make indoor space available for children with asthma or other respiratory problems.	Any child who complains of difficulty breathing, or who has asthma or other respiratory problems, should be allowed to play indoors.	Restrict outdoor activities to light to moderate exercise not to exceed one hour.
Scheduled Sporting Events	No Restrictions	Exceptionally sensitive individuals should limit intense activities.	Individuals with asthma or other respiratory/ cardiovascular illness should be medically managing their condition. Increase rest periods and substitutions to lower breathing rates.	Consideration should be given to rescheduling or relocating event.	Event should be rescheduled or relocated.
Athletic Practice and Training (2 - 4 hrs)	No Restrictions	Exceptionally sensitive individuals should limit intense activities.	Individuals with asthma or other respiratory/ cardiovascular illness should be medically managing their condition. Increase rest periods and substitutions to lower breathing rates.	Activities over 2 hours should decrease intensity and duration. Add rest breaks or substitutions to lower breathing rates.	Sustained rigorous exercise for more than one hour must be rescheduled, moved indoors or discontinued.

\* These recommendations assume that most of a child's outdoor exposure occurs while at school or going to and from school. Some children engage in after-school activities (work and/or play) that can increase their daily exposures beyond four hours and should follow the guidance and advice offered by U.S. EPA in their cautionary health statements for ozone exposures. These recommendations apply only to ozone exposures and may require modification when exposed to significant levels of multiple pollutants that affect the respiratory system...should they occur

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**In partnership with:**

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[www.asthmawa.org.au](http://www.asthmawa.org.au)

Asthma Initiative of Michigan  
[www.getastmahelp.org](http://www.getastmahelp.org)

Attack on Asthma Nebraska  
[www.attackonasthma.org](http://www.attackonasthma.org)

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[www.bhcs.com](http://www.bhcs.com)

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Illinois Department of Human Services  
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[www.luh.org/depts/emsc/schl\\_man.htm](http://www.luh.org/depts/emsc/schl_man.htm)

Massachusetts Department of Education  
[www.doe.mass.edu/cnp/allergy.pdf](http://www.doe.mass.edu/cnp/allergy.pdf)

Metropolitan Washington Council of Governments  
[www.mwcog.org](http://www.mwcog.org)

Missouri Department of Health and Senior Services  
[www.dhss.mo.gov/asthma/Publications.html](http://www.dhss.mo.gov/asthma/Publications.html)

National Association of School Nurses  
[www.nasn.org](http://www.nasn.org)

National Association of Elementary School Principals  
[www.naesp.org](http://www.naesp.org)

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[www.nasbe.org](http://www.nasbe.org)

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[www.sjvhc.org](http://www.sjvhc.org)

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[www.epa.gov](http://www.epa.gov)

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[www.vahealth.org/cdpc/asthma/publications.htm](http://www.vahealth.org/cdpc/asthma/publications.htm)

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## Using the Guide

### What is the purpose of this guide?

The purpose of this guide is to help schools and families to create an environment where students with asthma and allergies are healthy, active, and ready to learn. In their joint publication, *Managing Asthma: A Guide for Schools*, the U.S. Department of Health and Human Services and the U.S. Department of Education describe the positive results of effective asthma (and anaphylaxis) management:

- **Creates a supportive learning environment,**
- **Reduces absences,**
- **Eases disruption in the classroom,**
- **Ensures appropriate emergency care, and**
- **Enables full student participation in physical activities.**

This guide offers an overview of asthma, allergy, and anaphylaxis and sample strategies, policies, and tools for consideration in caring for students with these conditions. It is intended for use by school personnel in all disciplines, including administrators, principals, teachers, school nurses, coaches, athletic trainers, facilities staff, nutrition services staff, counselors, and bus drivers.

### What are the limitations of this guide?

This guide is **NOT A POLICY MANDATE**. Instead, it is designed to serve as a resource for schools in managing asthma, allergy, and anaphylaxis and to inform policies, practices, and procedures. School administrators and staff should make sure that strategies and actions to address asthma, allergy, and anaphylaxis conform to prevailing legal, regulatory, and administrative policies, requirements, forms, and procedures. Keep in mind that such policies and practices are subject to revision over time.

Furthermore, this guide is not intended to endorse any particular brand of product discussed or shown in its pages. Pictures and descriptions of such products are for illustrative purposes only.

Finally, this guide is for educational purposes only. It is not intended to replace the medical advice or services of a licensed healthcare provider.

# How Do I Get Started?

## Use the Table of Contents to find sections of use to you.

This guide offers information on managing asthma, allergies, and anaphylaxis in school settings, including relevant laws and sample policies and forms. Further, it provides guidance for emergency management of asthma and anaphylaxis. The guide also includes recommendations for asthma and anaphylaxis education for staff, students, and families. The final section features an extensive list of resources for additional tools and information and a glossary of key terms.

## Understand the legal requirements that affect how schools deal with students and staff who have asthma and anaphylaxis.

Federal and state laws require that schools take steps to promote the health, development, and achievement of students and staff with asthma, anaphylaxis, and other special needs. Be sure to read the “Legislation and Guidance” section.

## Use the guide to educate others.

Use the action checklists for various staff disciplines, healthcare providers, students, and parents/guardians and supplement with other materials from the guide as handouts to assist you in conducting workshops, brown bag lunches, and meetings with school personnel, students, families, and the community.

## Develop an Asthma/Anaphylaxis Management Plan for your school.

Start with the *How Comprehensive is Your School Asthma Management Program Checklist* (adapted to include anaphylaxis) and the *How Asthma-Friendly Is Your School?* Checklist, both from the National Asthma Education and Prevention Program of the National Institutes of Health, and/or the asthma module of the *School Health Index* self-assessment and planning tool from the Centers for Disease Control and Prevention (<http://apps.nccd.cdc.gov/shi>) to reveal how well your school deals with the needs of students with asthma and anaphylaxis. Then use the ten-step sample plan from the National Association of State Boards of Education and additional guidelines provided in this guide to develop a written plan describing what actions, policies, and procedures your school will use to address asthma, allergies, and anaphylaxis, including how to prevent and respond to emergencies.

## Get recognized for your efforts.

Visit [www.DCSchoolAsthma.org](http://www.DCSchoolAsthma.org) find out how your school can qualify for the DC *Asthma-Friendly Schools Award* and sign up for the *Asthma-Friendly Schools* e-newsletter with the latest tips and resources.

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	Nutrition Services Staff	6.33
	Facilities Staff	6.35
	Bus Drivers	6.47
	Counselors	6.51
	Healthcare Providers	6.53
	Parents/Guardians	6.61
	Students	6.65
<b>SECTION 7</b>	<b>Training and Education</b>	<b>7.0</b>
<b>SECTION 8</b>	<b>Resources and Glossary</b>	<b>8.0</b>