

School Success: COVID, Care Planning & Communication for Allergy & Asthma Care



August 3, 2021

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Our SPEAKER



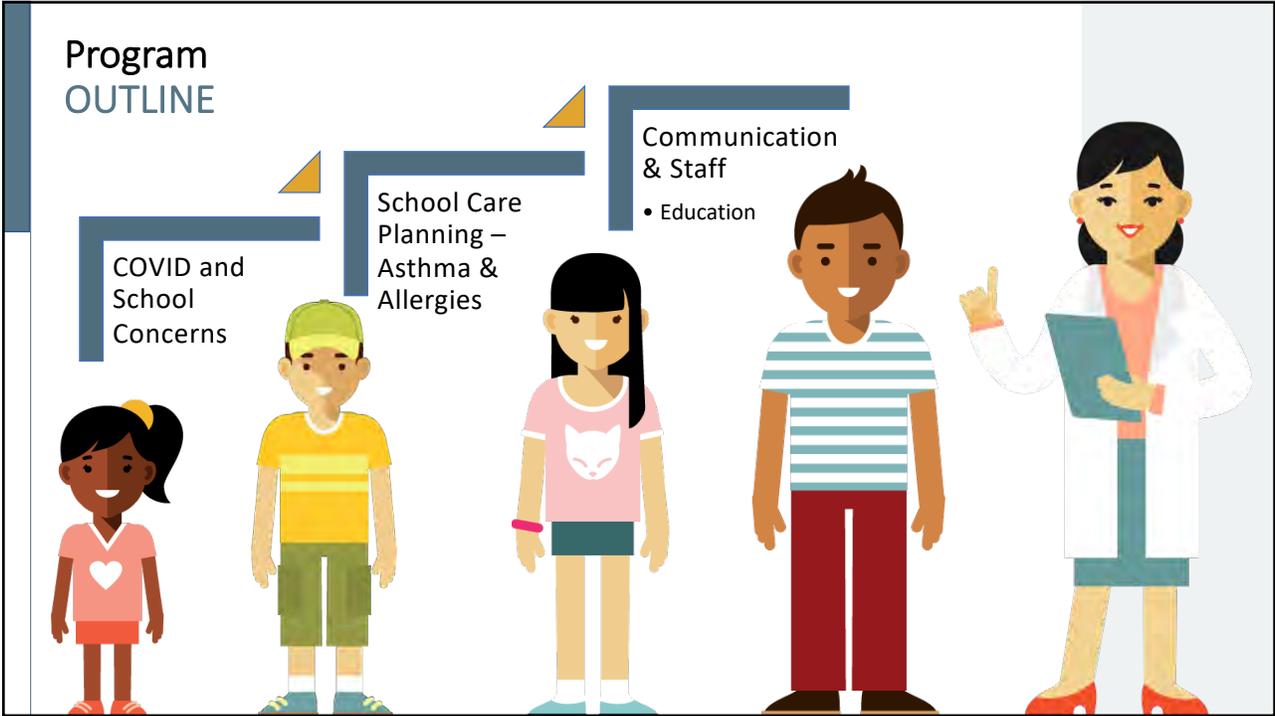
*It's almost back
to school time
for our grands!*



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- Director of Education, Allergy & Asthma Network
 - Past Experience:
 - Director of Nursing Education, National Association of School Nurses
 - Executive Director, New York Statewide School Health Services Center
 - School Nurse – Elementary & Secondary, Public & Private



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COVID - School TIMELINE

March/April 2020 –
Most schools
scramble to move
school online

July 2021 – CDC
updates school
guidance for COVID

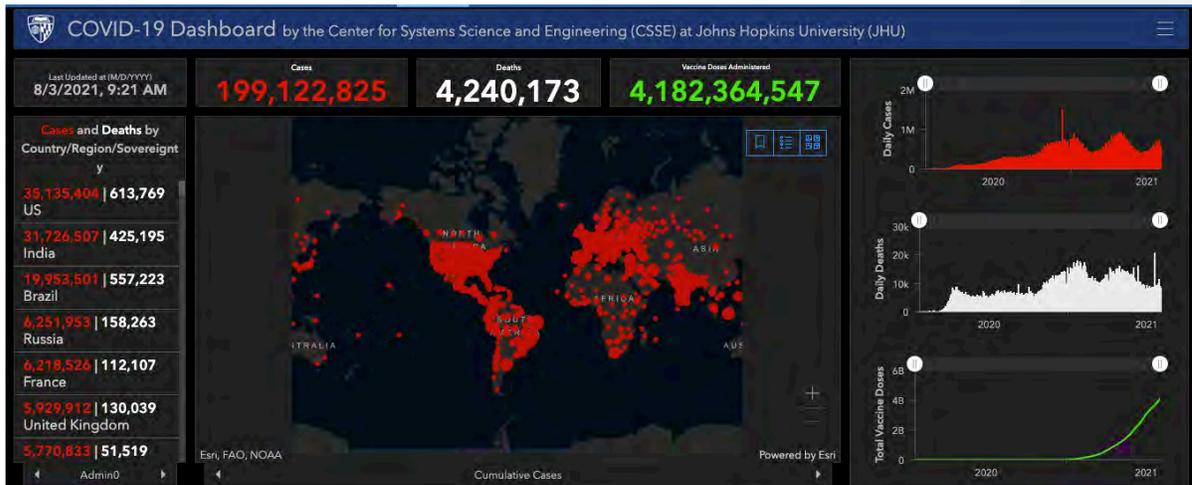
March 2021 –
Many schools open
their doors to
students full time

Today - We're still
wondering just
what the school
year will bring!

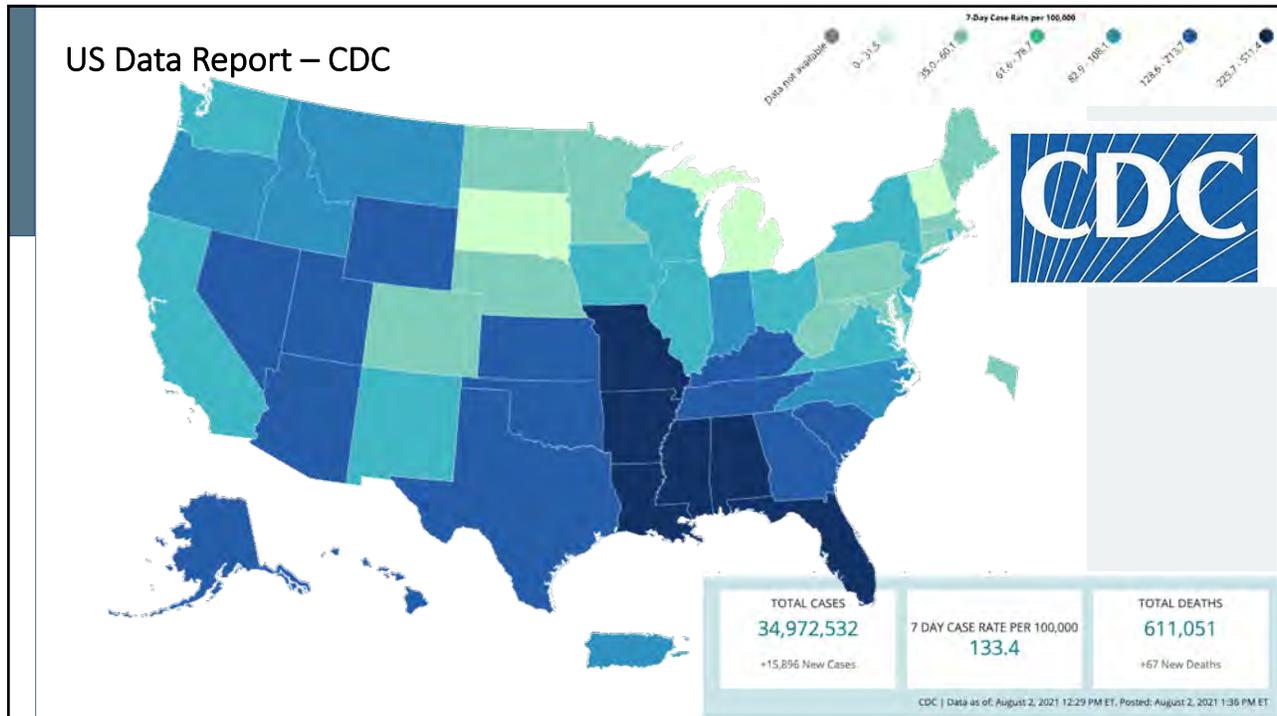
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Johns Hopkins Global Map

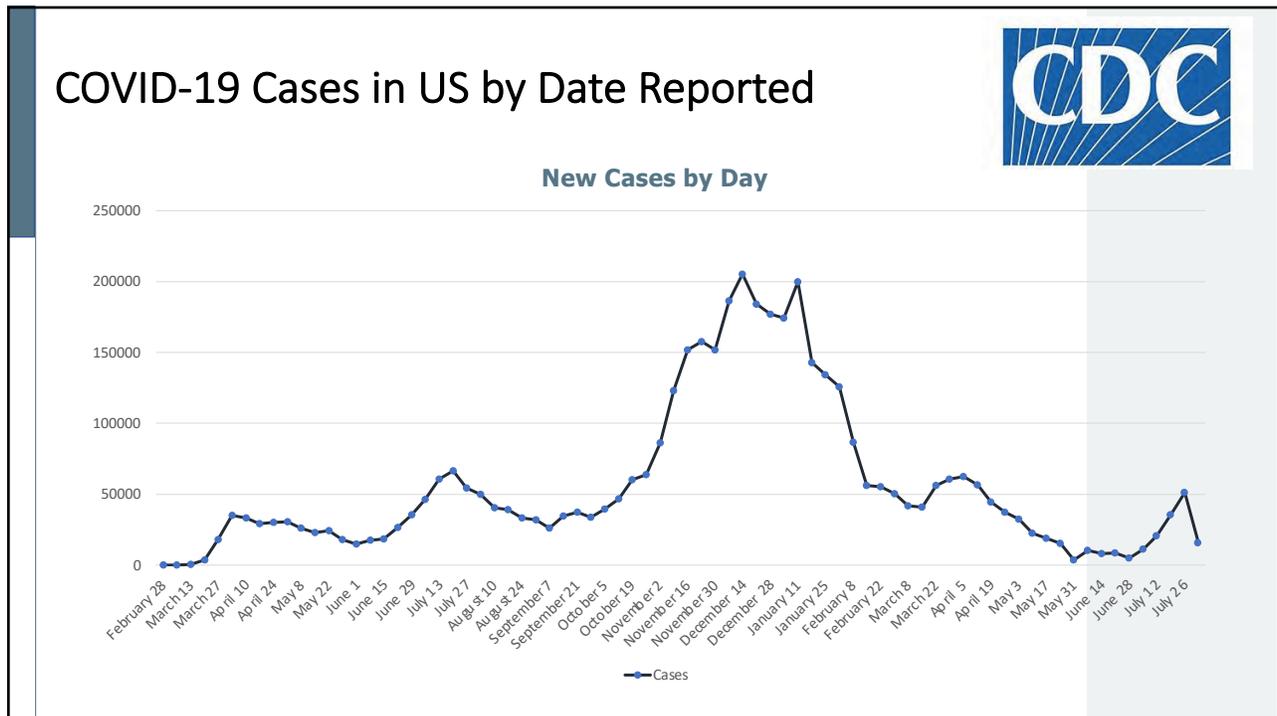
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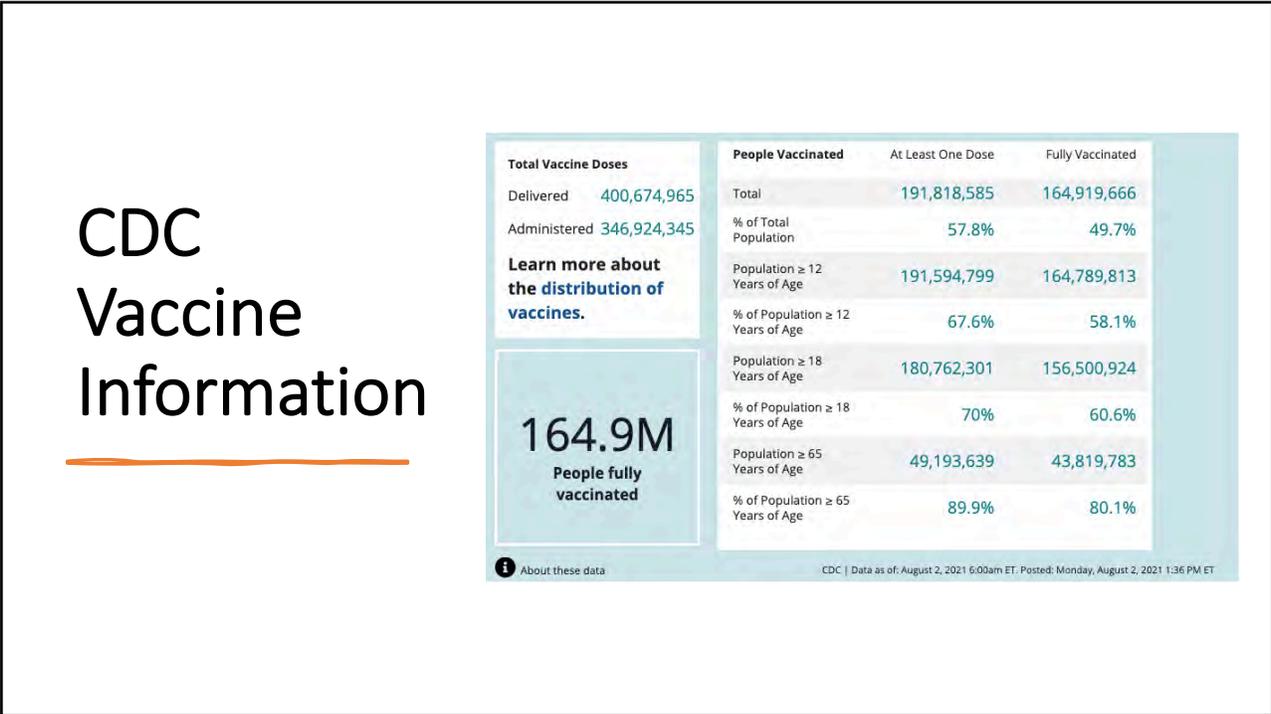
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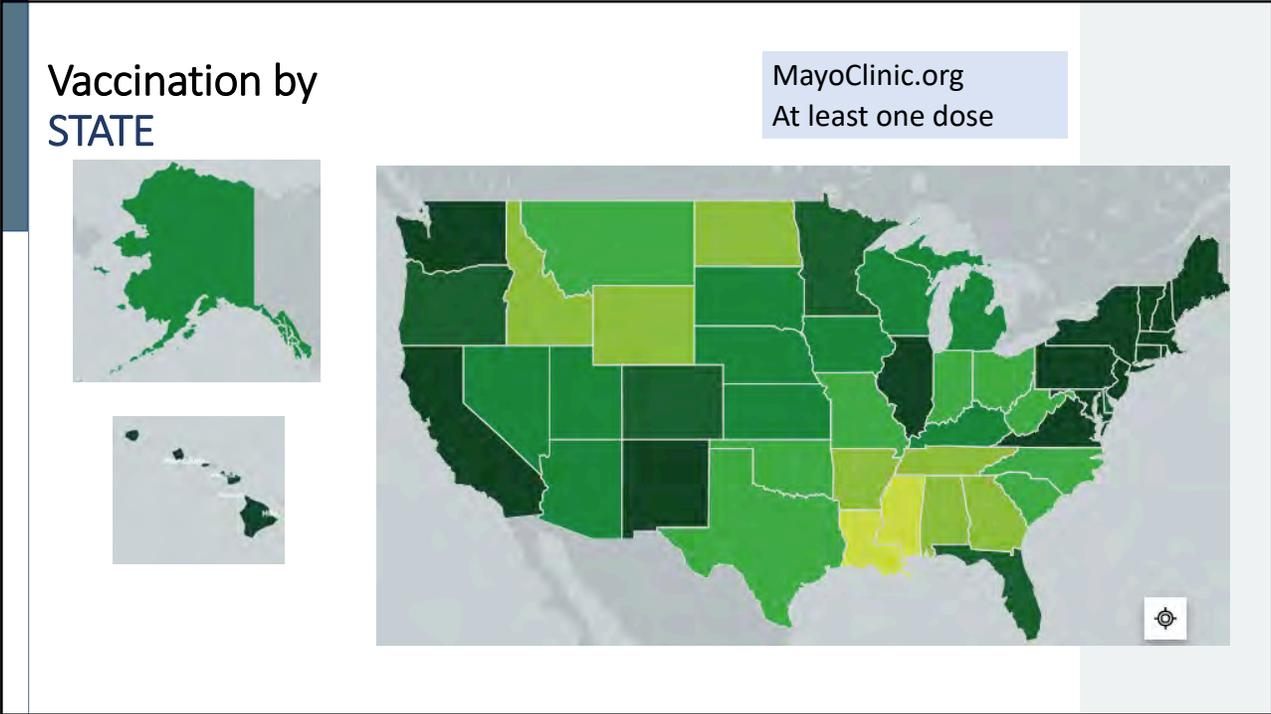
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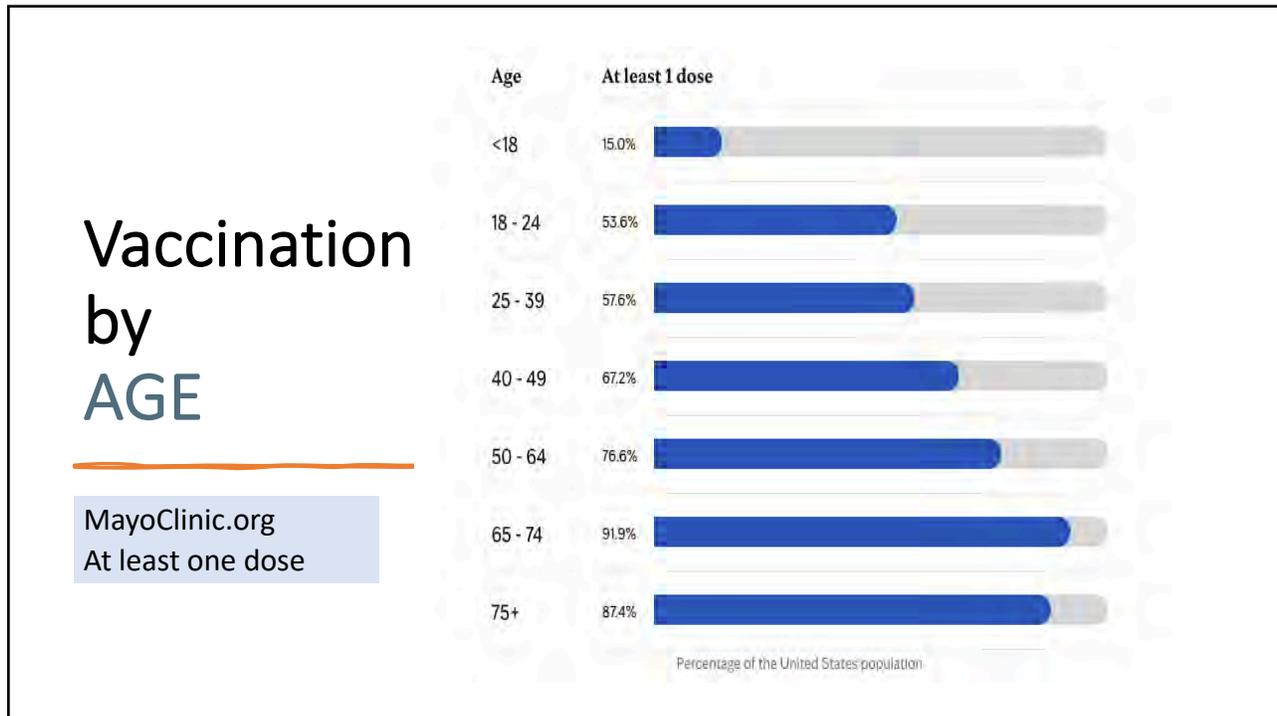
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CDC – K-12 Guidance KEY TAKEAWAYS

Update! Due to Delta variant, the CDC is now recommending universal indoor masking for all teachers, staff, students & visitors to K-12 students regardless of vaccination status.

Students benefit from in-person learning, and safely returning to in-person instruction in the fall 2021 is a priority.

Vaccination is currently the leading public health prevention strategy to end the COVID-19 pandemic. Promoting vaccination can help schools safely return to in-person learning as well as extracurricular activities and sports.

Masks should be worn indoors by all individuals (age 2 and older) who are not fully vaccinated. Consistent and correct mask use by people who are not fully vaccinated is especially important indoors and in crowded settings, when physical distancing cannot be maintained.

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CDC – K-12 Guidance KEY TAKEAWAYS

- Think “Layers of Prevention”
- Maintain at least 3 feet of physical distance
- Combined with indoor mask wearing by people who are not fully vaccinated
- Can’t distance? Then it is especially important to layer multiple other prevention strategies, such as indoor masking
- Screening testing, ventilation, handwashing and respiratory etiquette, **staying home when sick** and getting tested, contact tracing in combination with quarantine and isolation, and cleaning and disinfection are also important layers of prevention to keep schools safe.



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CDC – K-12 Guidance KEY TAKEAWAYS



Many schools serve children under the age of 12 who are not eligible for vaccination at this time – need layered prevention strategies

COVID-19 prevention strategies remain critical especially in areas of moderate-to-high community transmission levels.

Monitor community transmission, vaccination coverage, screening testing, and occurrence of outbreaks to guide decisions

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CDC – REQUIRED READING FOR SCHOOLS!

Science Brief: Transmission of SARS-CoV-2 in K-12 Schools and Early Care and Education Programs - Updated 7/9/21

- Condensed and updated information in section on COVID-19 in children and adolescents
- Added section on early care and education settings
- Added section on masking
- Added section on screening testing
- Added information on the updated CDC Guidance for COVID-19 Prevention in Kindergarten (K)-12 Schools and COVID-19 Guidance for Operating Early Care and Education/Child Care Programs

To get kids back in-person safely, schools should monitor




Community Transmission **Vaccination Coverage** **Testing** **Outbreaks**

to help prevent the spread of COVID-19



cdc.gov/coronavirus

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CDC Guidance in More Detail

- Our next COVID-19 webinar will delve into how your school can respond to the new CDC Guidance:
- “COVID-19: Practical Strategies to Prevent Back-to-School Surges”
- Thursday, August 19, 2021
- 4:00 PM ET

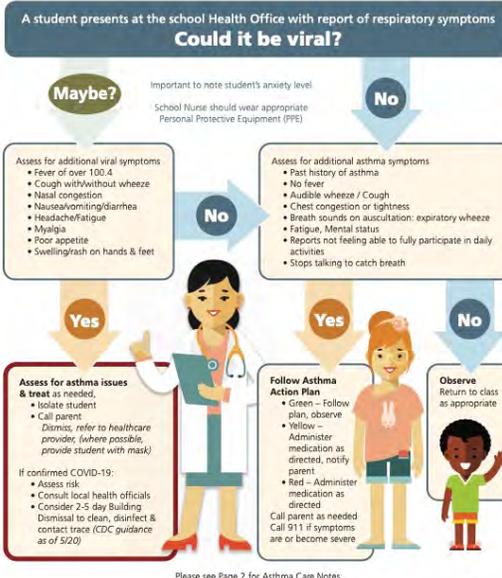
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Nursing Care RESPIRATORY ISSUES

- Anxiety may be a major issue for students experiencing shortness of breath.
- Administer medication at school using individual inhaler and spacer/valved holding chamber.
- Avoid use of nebulizers as they spread droplets and are not advised. Nebulizers are often not required for children over the age of 6 (MDI inhalers are equally effective in delivering medication). Viral droplets persist in the air for 1 – 2 hours.
- Respiratory viruses are a common trigger for asthma flares – student’s parent/guardian should contact healthcare provider if COVID-19 is suspected or change in care is needed.



Asthma Care at School Post COVID-19 Outbreak



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4 Types of SCHOOL PLANS

Individualized
Healthcare Plans
(IHP)

Emergency Action
or Care Plans
(EAP or ECP)

Section 504 Plans

Individual
Education Plans
(IEP)

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Individualized Healthcare Plans IHP

IHPs are developed by the school nurse or administrator in collaboration with the parents and physician

A student with more complex needs will benefit from an IHP

- The nurse uses clinical judgement to determine who needs an IHP

The IHP details a child's asthma or food allergy diagnosis, prevention strategies, medication needs and what to do in case of an emergency

Allergies:

A student with multiple allergies, at risk for anaphylaxis

Asthma:

A student with moderate to severe asthma, visits to ER

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IHP

An Individualized Healthcare Plan is:

- A document written in nursing language for nurses to utilize. It must be written by a registered nurse and directs nursing care
- Filed as “part of the student’s permanent health record”
- Based on professional nursing practice
- Reviewed at least annually – and will change during the school year based upon the student’s needs



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Emergency Action of Care Plans

EAP or ECP

EAP’s or ECP’s are written in lay language to guide non-medical personnel to respond in an emergency

A student at risk for a medical emergency should have an EAP or ECP.

- The nurse uses clinical judgement to determine who needs an EAP or ECP

The EAP/ECP is based on medical orders

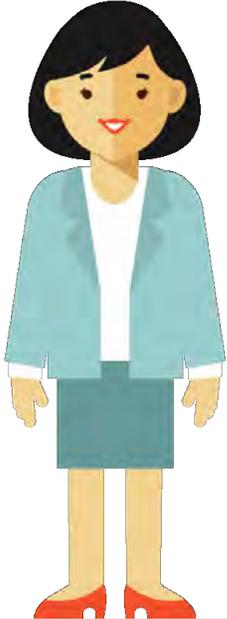
Allergies:

A student at risk for anaphylaxis, who has an order for epinephrine

Asthma:

A student at risk for a respiratory emergency, visits to ER

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EAP/ECP

An Emergency Action or Care Plan is:

- Written by the school nurse.
- Distributed to all staff that has supervisory responsibility for a student at risk for anaphylaxis.
- Requires school nurse to train staff to administer plan – reinforce at least every 6 months.
- Outlines the steps to take in an when anaphylaxis occurs –
- Should be reviewed and renewed at least annually.

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Section 504 Plan REHABILITATION ACT OF 1973

504 Plans written by 504 School Team – coordinated by 504 Coordinator

A student who has a disability that impacts major life activities – guarantees accommodations at school

The 504 plan outlines accommodations that elementary, secondary and post-secondary schools must make for children with disabilities

Allergies:
A student who requires food substitutions, classroom or cafeteria accommodations

Asthma:
A student who needs physical activity accommodations, extra time for testing

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504 Plan

A Section 504 Plan is:

- A legally binding plan written in educational language to ensure accommodations at school for a student with a chronic health condition – includes allergies and risk for anaphylaxis.
- Filed in student's educational record.
- Written by healthcare team – initiated and overseen by the school district's 504 Coordinator.
- Formalizes accommodations needed to make it through the school day.



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Individualized Education Plans

IEP

The IEP is part of the protections of the Individuals with Disabilities Education Act (IDEA)

It is only applied to children with food allergies when they also have an educational disability

Allergies:

A student who has a food allergy & an educational disability

Asthma:

A student who has asthma & an educational disability

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IEP

An Individualized Education Plan is:

- Written statement of the special education program designed to meet a child's individual needs
- Only used for food allergies when other disabilities exist
- Included for a student who has a plan written for a learning disability and also has a life-threatening allergy or asthma
- Listed under the heading "Other Health Impaired."

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New Resource – Coming Soon

SN CHAT

School Nurse Chronic Health Assessment Tool

- Designed to support the school nurse
 - Designed by a school nurse
 - 11 information pages
 - 6 Sample EAP/ECPs
- Walks the SN through the intake interview & health history with parents
- Helps with the decision on which care plan to develop – IHP or EAP/ECP
- Sample EAP/ECPs
- Resources
- References



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Student Care Plans

Criteria for Development of Student Specific Plan – EAP or IHP

IT IS IMPORTANT THAT THE SCHOOL NURSE USE NURSING JUDGMENT WHEN DETERMINING WHO NEEDS AN EMERGENCY ACTION PLAN.
The criteria listed below are for guidance, but it is the responsibility of the school nurse to make the final clinical determination on which students need an EAP.

Emergency Action Plan (EAP)

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.
The EAP is written in lay language for staff and non-medical personnel to follow.

Components of an EAP

- Student name / demographic data
- Short, relevant medical history
- Outline of symptoms and emergency treatment (for all school settings)

Students with the conditions below may benefit from an EAP:

- Asthma**
 - Previous asthma emergency, hospitalizations
 - Poor asthma control
- Allergies**
 - History of life-threatening allergy
 - Has epinephrine prescribed for emergency use
- Diabetes**
 - Previous diabetic emergency, hospitalizations
 - Has insulin prescribed for regular use
- Sickle Cell Disease**
 - History of vaso-occlusive crisis
- Seizures**
 - History of status epilepticus
 - Has medication prescribed for emergency use

Individualized Healthcare Plan (IHP)

An Individualized Healthcare Plan is written for students with a known health condition that requires more complex care at school. Needs may include education, medications and treatments and/or social/emotional care. The IHP is written in nursing language to guide care provided by the registered professional nurse.

Components of an IHP

- Student name / demographic data
- Short, relevant medical history
- Outline of nursing care to be administered or supervised

Students with the conditions below may benefit from an IHP:

- Asthma**
 - Detail care, equipment needed
 - Medication administration
 - Education plan – prevention and management
- Allergies**
 - Detail prevention strategies, exposure avoidance
 - Emergency medications and care
 - Education plan – prevention and management
- Diabetes**
 - Equipment, medication and treatment needs
 - Emergency medications and care
 - Education plan – daily and emergency care
- Sickle Cell Disease**
 - Health maintenance strategies outlined
 - Education plan – decrease pain events, understand interventions
- Seizures**
 - Detail care – daily care, medications
 - Education plan – prevention and management

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Emergency Action Plans

Development of Student Specific Plan

Emergency Action Plan or EAP

An Emergency Action Plan is written for students with known health conditions that are likely to result in a medical emergency.

When the registered professional school nurse has determined that the student would benefit from the development of an Emergency Action Plan (EAP):

Gather Demographic Information, Parent Contact Information

Diagnosis, Co-morbidities, Emergency Symptoms

Emergency Care

Student Information

Diagnosis

Response to Symptoms

Emergent Symptoms

Emergency Medication/Treatment

Nursing Care

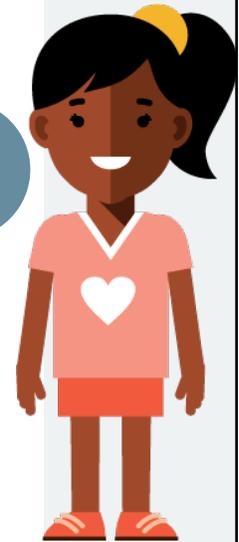
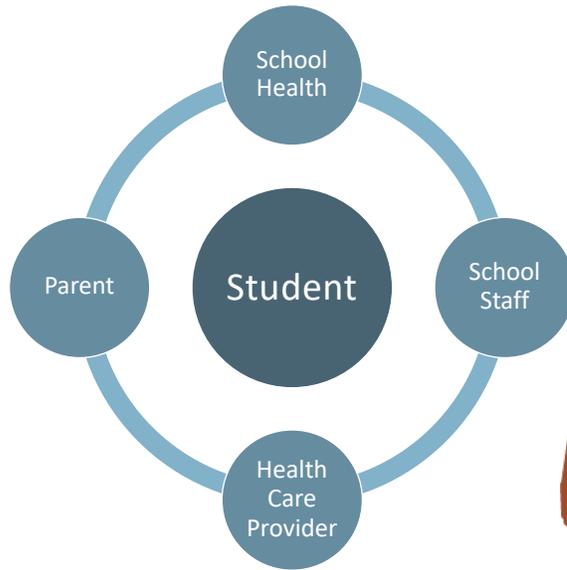
Notes:

- The EAP is written in lay language that all school staff can understand
- Keep the EAP simple to avoid confusion in an already stressful situation
- Review the EAP with staff, provide training, check for understanding and document who was trained
- Stress that a student experiencing a potential health emergency should NEVER be left alone – should never walk to the Health Office unattended
- Include student picture in the event that a substitute nurse or teacher responds to the emergency
- Ask parent for their preferred hospital, explain that in some acute situations, a closer hospital may be chosen
- Always have a staff member accompany a student in an ambulance if the parent is not present
- The EAP should be kept where it is accessible to the teacher and substitute staff but kept confidential.
- Suggestion: Place in red "Health Information Folder" and place in top right hand desk drawer in each classroom.

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Collaboration is KEY

- Keep the child at the center of the planning
- Build bridges
- Don't "just say no"
- Customize each plan for each unique student
- Review annually or more often
- Share the plan as appropriate



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Keep Lines of Communication OPEN



Seek or provide health information in a timely, confidential manner

Speak with empathy

Provide details as needed

Have a goal in your communication

Exchange useful information, not gossip

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Staff EDUCATION



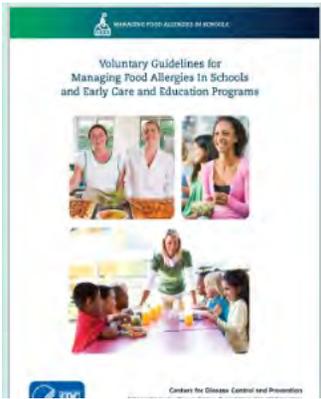
School nurses, staff, students, parents and guardians need to be able to point to material and resources that are based on evidence.

All school staff, particularly those responsible for students with severe allergies, should receive asthma & allergy education that is evidence-based.

School staff should receive education on the signs and symptoms of an asthma or allergic reaction and be taught how to respond if it's an emergency.

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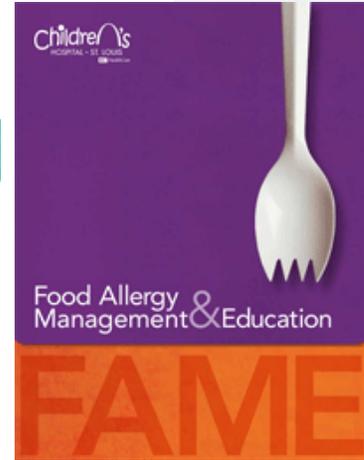
Tools for STAFF - ALLERGIES



CDC Voluntary Guidelines for Managing Food Allergies



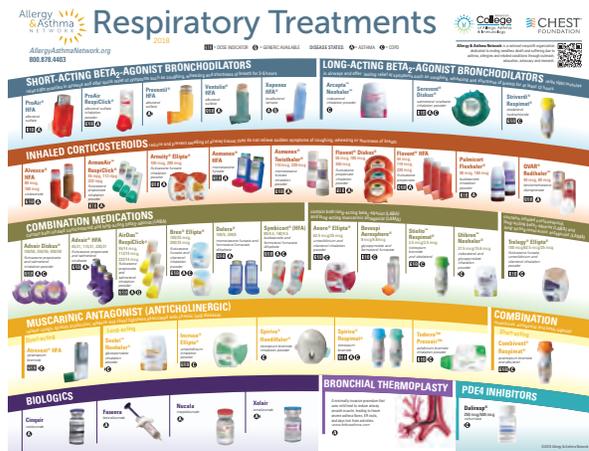
Allergyhome.org



FAME – Food Allergy Management & Education

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Asthma Posters



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Allergy Posters

Anaphylaxis At a Glance

Anaphylaxis is a life-threatening allergic reaction that affects more than one organ system.

Allergens that can set off anaphylaxis

FOOD

- Shellfish, peanuts, tree nuts, walnuts, soybeans
- Cow milk products
- Corn
- Egg

VENOM

- Bee stings
- Fire ant stings

LATEX

- Rubber gloves
- Latex balloons
- Latex condoms
- Latex dental dams
- Latex catheters
- Latex gloves

MEDICATION

- Aspirin, NSAIDs
- Penicillin
- Sulfonamide antibiotics

Common symptoms

RECOGNIZE THE SEVERITY

USE EPINEPHRINE IMMEDIATELY

CALL 911

CARRY TWO AUTO-INJECTORS

FOLLOW UP

Epi Everywhere! Every Day! Right Away!

Always carry an Epi-jector with you. If you have an Epi-jector, use it immediately. If you do not, call 911. Do not wait to see what happens!

Always call for emergency medical assistance and go to the emergency room for observation and treatment.

Always call a healthcare provider for a prescription and follow-up plan.

Epinephrine Treatments

At the pharmacy, look for a box labeled EPI-JECTOR

Brand Name	Generic Name
Autoject®	Epinephrine
EpiPen®	Epinephrine
SYMBY®	Epinephrine
Epinephrine Auto-Injector (Mylan)	Epinephrine
Epinephrine Auto-Injector (Hospal)	Epinephrine
Epinephrine Auto-Injector (Teva)	Epinephrine

Includes instructions for use and contact information for the manufacturer.

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COVID-19 RESOURCES - Infographics

Asthma and COVID-19

People with asthma and other chronic respiratory diseases may be at higher risk for severe complications, including the following: pneumonia or bronchitis, if diagnosed with COVID-19 later called coronavirus.

COVID-19 symptoms

- Fever or chills
- Cough
- Shortness of breath or difficulty breathing
- Loss of taste or smell
- Sore throat
- Muscle or body aches
- Headache
- Nausea or vomiting
- Diarrhea
- A loss of sense or taste

What you need to do...

Protection

- Stay home when you have symptoms
- Check to see if your symptoms are serious and seek medical care
- Wear a face mask
- Avoid large crowds of people where you gather
- Avoid close contact with others
- Avoid touching your face
- Clean, disinfect, or regularly wash your hands
- Avoid touching surfaces that others have touched
- Avoid touching your face
- Avoid touching your eyes, nose, or mouth
- Avoid touching your face
- Avoid touching your face

Prevention

- Wash your hands frequently with soap and water for at least 20 seconds
- Avoid touching your face
- Clean, disinfect, or regularly wash your hands
- Avoid touching surfaces that others have touched
- Avoid touching your face
- Avoid touching your eyes, nose, or mouth
- Avoid touching your face
- Avoid touching your face

COVID-19 Myths Busted

MYTH:	TRUTH:
The COVID-19 virus can only be spread through direct contact.	From the evidence to date, COVID-19 can be transmitted in all areas, including areas with little to no human contact, as well as cold and humid conditions. Regardless of your climate, avoid crowded environments if you have to or travel to an area with reported COVID-19 cases.
COVID-19 is just the flu.	While COVID-19 does resemble some symptoms of the flu, fever and cough, in particular, and both can lead to pneumonia, COVID-19 is believed to be more severe and early research suggests it has a higher mortality rate. What makes COVID-19 dangerous is that it is easily spread from people who may never show any symptoms.
COVID-19 is a novel coronavirus - so new and different that it needs to be treated differently than the flu and pneumonia.	There is no evidence to suggest that COVID-19 is transmitted through a respiratory virus. COVID-19 is spread primarily through droplets when an infected person coughs or sneezes, or through touching surfaces containing the coronavirus.
COVID-19 is a novel coronavirus - so new and different that it needs to be treated differently than the flu and pneumonia.	There is no evidence that regularly misting the nose with saline - a saltwater solution - can protect people from COVID-19 infection. "Nasal misting" may provide relief from allergies from a cold and relieve sinus infections.
Children cannot catch COVID-19.	All age groups are at risk of becoming infected with COVID-19. Studies show children are still at risk to get COVID-19 but their symptoms are often less severe. Elderly adults and people with chronic respiratory diseases such as asthma are at higher risk for more severe complications.

Asthma Care at School Post COVID-19 Outbreak

A student presents at the school Health Office with report of respiratory symptoms. Could it be viral?

Maybe?

Assess for additional viral symptoms:

- Fever of over 100.4
- Cough without/with wheeze
- Nasal congestion
- Headache/sore throat
- Myalgia
- Poor appetite
- Swelling/red on hands & feet

Yes

Assess for asthma issues:

- Asthma student
- Call parent
- Directly refer to healthcare provider (school nurse, school nurse, school nurse)

If confirmed COVID-19:

- Assess risk
- Consult local health official
- Consider 2-5 day building
- Determine to clean, disinfect & contact trace CDC guidance as of 8/20

No

Assess for additional asthma symptoms:

- Past history of asthma
- No fever
- Asthma wheeze / Cough
- Chest congestion or tightness
- Breath sounds on auscultation: expiratory wheeze
- Fatigue, Mental status
- Reports not being able to fully participate in daily activities
- Steps taken to catch breath

Yes

Follow Asthma Action Plan:

- Green - Follow plan, when appropriate
- Yellow - Administer medication as directed, notify parent
- Red - Administer medication as directed
- Call parent as needed
- Call 911 if symptoms are or become severe

No

Observe Return to class as appropriate

Please see Page 2 for Asthma Care Notes

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**TIME FOR
QUESTIONS**



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**Join us for our
upcoming
webinar**

COVID-19: Practical Strategies to Prevent
Back-to-School Surges
August 19, 2021
4:00 PM ET

Register at allergyasthmanetwork.org

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For More Information



Visit Allergy & Asthma Network
at

www.allergyasthmanetwork.org

