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Disclaimer

 Drs Geller and Rubin are co-editors of a book on school environments. They have no other financial relationships to report pertaining to school health, school environments, or asthma.

Outline of Presentation

What is asthma

- Current regimens for asthma management
- Impact of the school environment on asthma
- Suggested school role for asthma exacerbations
- Suggested school role for chronic asthma management
- Asthma in the child with disabilities

Definition of Asthma

Asthma

- A chronic, inflammatory disorder principally of the small airways
- Obstruction to airflow
- By definition, at least partial reversibility of airflow obstruction, on some or all occasions

Time Course

Early phase Airway constriction

- ◆ Late phase (6 10 hours or longer)
 - Swelling of the airway
 - Increased mucous in the airway

Goals Of Maintenance Asthma Therapy

- Minimal chronic symptoms ideally none
- Minimal asthma attacks ideally none
- No emergent visits for asthma care
- Minimal need for quick relief β_2 agents
- No limitations on exercise or activities
- Near- normal lung function
- Minimal (or no) adverse med effects

Evaluating Asthma

- Patient report
- Clinical exam
 - wheeze, cough, rhonchi
 - decreased breath sounds, air flow
 - increased work of breathing
- Severity of asthma may be unrecognized and underestimated by the child

Rescue Therapy - β_2 Agonists

- Short acting beta₂ agonists
 - ∽ Albuterol (ProAir, Ventolin, Proventil)
 ∽ Xopenex (neb levalbuterol)
 - Maxair (pirbuterol)
 - Should be used in all asthmatics at onset of wheeze, chest tightness, shortness of breath
 - ✓ Expect response in 5 -10 min or less
 - Routinely used before exercise

Control Therapy

- Patients with symptoms more than once a week should be using controller(s) to reduce baseline inflammation and airway irritability
- Some patients need one agent, some more than one
- Can be administered once daily or more, depending on specific drug

Control Therapy - 2

- Inhaled corticosteroids the usual first-line agent
- Flovent, Qvar, Azmacort, Pulmicort, others
 Some patients on leukotriene receptor antagonists
 - Singulair, others
- Some patients on long-acting bronchodilators
 - Contained in Advair, Symbicort

Spacers

- Should be used with all metered dose inhaler medications
- Improves drug delivery substantially

Role of Asthma Action Plan

- Every child with asthma should have an asthma action plan describing their current regimen
- School should have a copy of that data



Exacerbating Factors for Asthma

- Inhaled allergens
 - Molds, dust mite, animal dander, pollens
- Chemical irritants
 - Strong odors, some cleansers
 - Air pollutants (ozone, particulates, etc)
- Heat, cold
- Exercise

School Role in Exacerbations

- 1. Recognize
- 2. Respond
- 3. Reassess
- 4. Record

School Recognition

- Teachers and others with child contact should be able to recognize shortness of breath, audible wheezing, at the nonhealth-professional level
- All staff should give credence to children reporting symptoms, unless consistently proven otherwise

School Response

- Allow child to carry his/her own medications unless they are unable to hang onto them
- Supervise use of or administer reliever medication (e.g., albuterol)
 - A staff member who is trained to supervise medication use needs to be available at all times students are on premises
 - In some states, may need to be a licensed nurse, physician, RT

School Response - 2

- If symptoms appear severe, call 911
 Record child's need for rescue medication and circumstances
 - May want to share info with parent, especially if this is a frequent event

School Reassessment

- Has child returned to asymptomatic state?
- If not, give a second dose of reliever (e.g., albuterol)
- Reassess again in 10 minutes:
 Has child returned to asymptomatic?
- If not, needs to be taken for med care

School Recording

- Need info to advise parent about need for different home management
- Need info to advise IEP if appropriate
- Need info to support school's actions in case they are challenged

The School Environment

Multifaceted:

- The physical environment of the school
- Air quality in and about the school
- Toxic hazards in the school
- Food safety in the school
- Sports at school
- Getting to and from school

School Role in Chronic Management

Minimize triggers in the school environment

- Keep humidity 40% 60% and fix leaks promptly to avoid mold overgrowth
- Consider which cleansers, paints, markers, chalks, etc are used
- Schedule activities using cleansers after students and staff leave or on weekends
- Restrict access to areas under renovation

Triggers You May Not Have Considered

All vehicles

- Avoid vehicle exhaust fumes near the place children are spending time outdoors
 Avoid idling
- The school bus
 - Often very bad air quality on board
 - Diesel retrofitting is an effective and costeffective solution

School Role in Chronic Management - 2

Schedule outdoor activities carefully

- Check outdoor air quality monitoring data each morning
- If ozone peaks later in the day, hold early outdoor practices and indoors activities later in the day
- Reschedule outdoor activities on particularly bad air quality days

School Role in Chronic Management -3

- Allow child to carry own medication when appropriate to age/ development/ level of responsibility
- Advise parents about frequency of symptoms = frequency of failure of control plan

School Role in Chronic Management - 4

- In some schools, for some patients, it may be appropriate for school to administer morning dose of chronic medications
 - Depends on staffing, family's ability to adhere on their own
 - Requires availability of medication
 - Requires availability of equipment at times



Special Considerations and Populations

- Children with developmental and other disabilities
- Children who grow up in circumstances of social and economic disadvantage

Children with Cerebral Palsy

- Have ambulatory difficulties
- Have orthopedic problems



- May have feeding difficulties
- May have respiratory problems
- May have multiple doctors, multiple medications and multiple illnesses

Children with Autism

- Have limited ability to communicate their feelings
- Are very sensitive to the environment
- Do very well with structure and predictability
- May react dramatically to relatively minor changes or perceived disturbances
- Are likely to respond well to calm, quiet comfort

Obesity Rates in the USA					
Age	% Overweight	% Obese			
2 - 5	21.2	10.4			
6 - 11	35.5	19.6			
12 - 19	34.2	18.1			
2 - 19	31.7	16.9			
¹ Data taken from the 2007 - 2008 National Health and Nutrition Examination Survey					

Children with Obesity

- High Blood Pressure
- Diabetes
- Asthma
- Obstructive Sleep Apnea
- Physical Participation
- Social & Emotional Consequences
- Impact on Education











Educational Function					
ndicator	Children Who Are Poor	Children Who Are Not Poor			
Developmental delay	5.00%	3.80%			
_earning disability	8.30%	6.10% 14.10% 6.10%			
Grade retention	28.80%				
ver expelled or suspended	12.10%				
High school dropout rate in 1994	21.00%	9.60%			
Not employed or in school at age 24	15.90%	8.30%			











Funded by EPA and ATSDR to increase knowledge base of pediatric environmental medicine by providing a forum for environmental specialists and pediatricians to combine knowledge



	So, where are we nationally?						
	CDC School Health Profiles Survey						
Percentage of Secondary Schools that Implemented School-based Asthma Management Activities ⁷ 47 States, 2008							
	Activity	Range %	Median %				
	Had adopted a policy stating that students are permitted to carry and self-administer asthma medications	46.3% to 88.6%	76.5%				
	Had a full-time registered nurse who provided health services to students	3.8% to 99.1%	40.2%				
	Had an asthma action plan for all students with known asthma	27.0% to 77.3%	46.1%				
	Tried to increase student knowledge on asthma awareness as part of a required course	25.8% to 76.4%	47.0%				
	Lead health education teacher received staff development on asthma awareness	8.8% to 48.8%	17.3%				

Addressing Triggers

- Soliciting input from all school constituencies
 - Parents, students, all types of staff
- EPA Tools for Schools
 - Can help identify and address IAQ environmental issues
- Looking a fresh look at the problems

What We Have Been Doing to Help

- Compiling Information
 - Edited book to present validated information from national experts
- Disseminating Information
 - Created video modules about the school environment for lay audiences
 - Available on the Internet for free noncommercial use





Indoor Air Quality (IAQ) Improving indoor air quality – IAQ – in schools doesn't have to be complicated or explains why IAQ matters, factors contributing to poor indoor air quality, practical steps that can be taken to improve IAQ, and where more information about IAQ in schools can be found.

view the video



3. Playgrounds This video discusses several health and safety concerns associated with school playgrounds and describe practical steps to take in addressing school playground safety.

view the video



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view the vide

Selected Resources • Contact us at 877- 33-PEHSU for questions, or at:

- www.sph.emory.edu/Pehsu
 - Video modules about the school environment
- www.epa.gov/iag/schools
- Tools for Schools, IAQ
- www.asthmaandschools.org
- www.nhlbi.nih.gov
- www.cdc.gov/HealthyYouth/asthma
- www.nyc.gov/html/doh/html/asthma/asthma.shtml



EPA IAQ Tools for Schools Resources

- IAQ Tools for Schools Program <u>www.epa.gov/iaq/schools</u>
- IAQ Tools for Schools Updates and E-mails:
 - Send an e-mail to: <u>IAQTfSConnector@cadmusgroup.com</u>
 - View archives at: http://www.epa.gov/iaq/schools/bulletins.html

Schools IAQ Connector Listserv: - Send a blank e-mail message to schools iag connectorsubscribe@lists.epa.gov or

- Request subscription online on the Listserv Web interface https://lists.epa.gov/read/all_forums/subscribe?name=schools_iaq_ connector. Then, check your e-mail inbox for your confirmation and membership details.

Indoor Air Quality (IAQ)

