

Equitable Asthma Management: A Closer Look at Addressing Asthma in Wisconsin Schools

Speakers:

Megan Elderbrook

Molly Collins

Dr. Nicholas Antos

Samantha Busko

Jessica Schaub



Asthma Burden Among Children in Wisconsin

Megan Elderbrook, MPH, CHES

Epidemiologist

Wisconsin Asthma Program

Wisconsin Department of Health Services



Data Sources

Behavioral Risk Factor Surveillance System (BRFSS)

- Asthma prevalence
- Combined 2017–2022 data

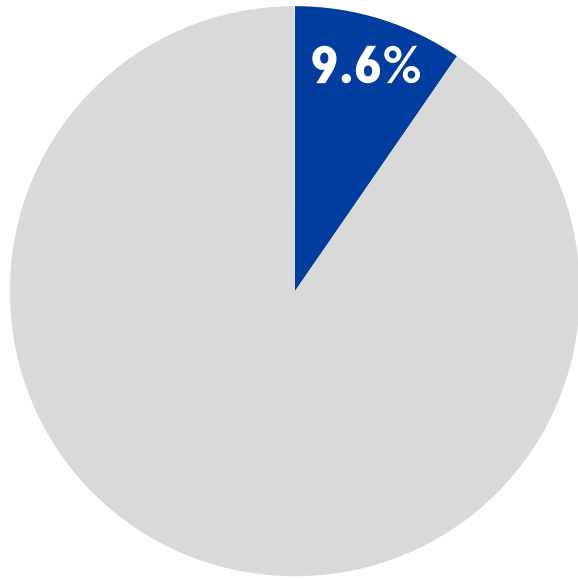
Administrative Hospitalization Dataset

- Hospitalization and emergency department (ED) visit rates
- Combined 2021–2023 data

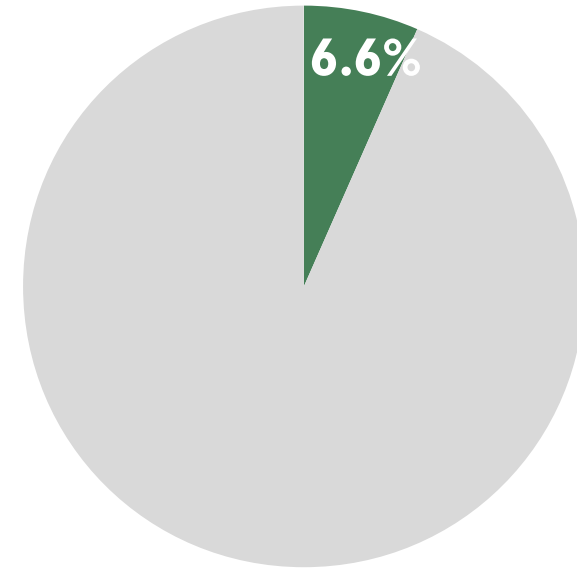
Asthma Prevalence Among Kids (0-17)

82,000 kids in Wisconsin currently have asthma.

Lifetime Prevalence

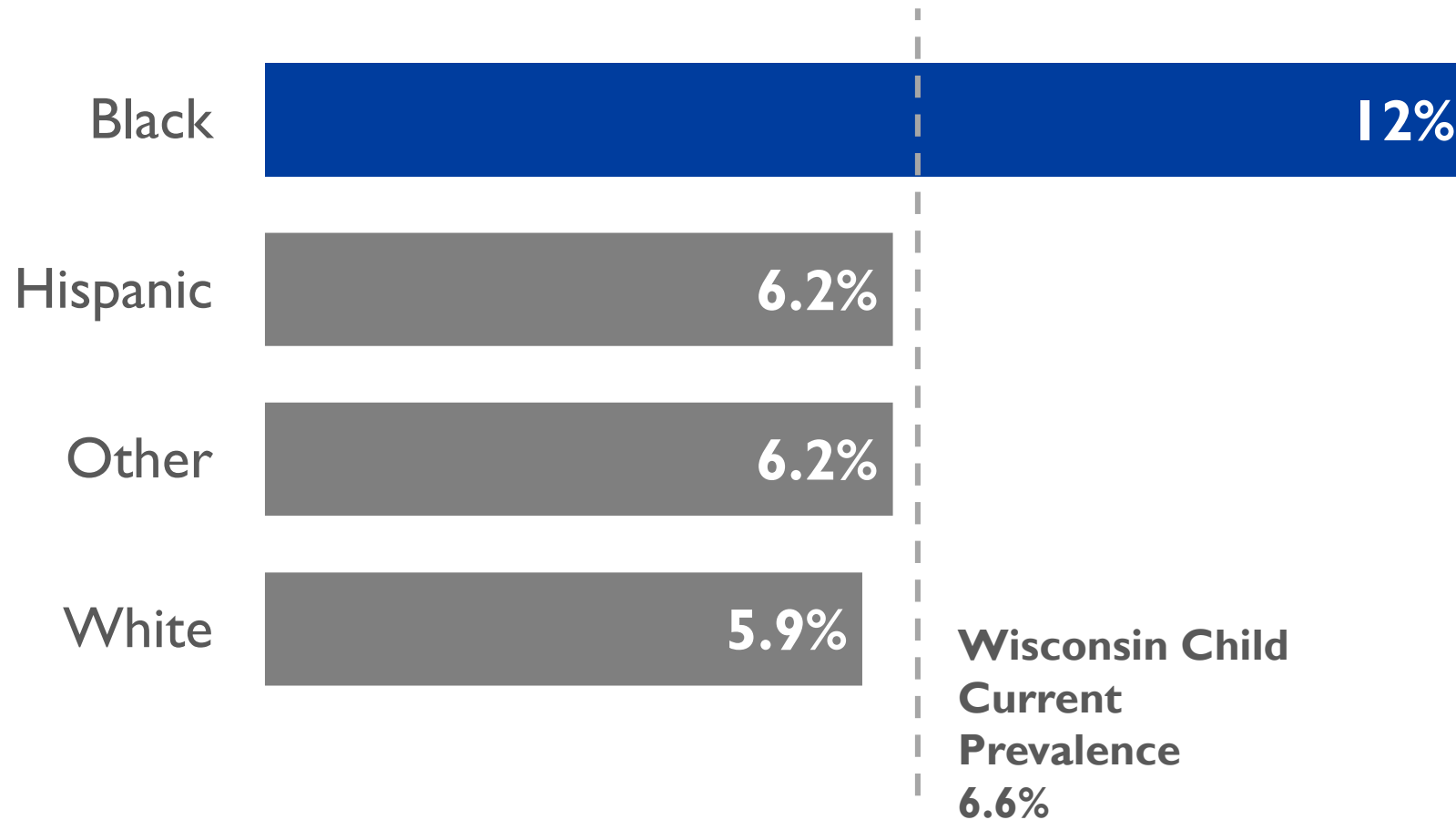


Current Prevalence



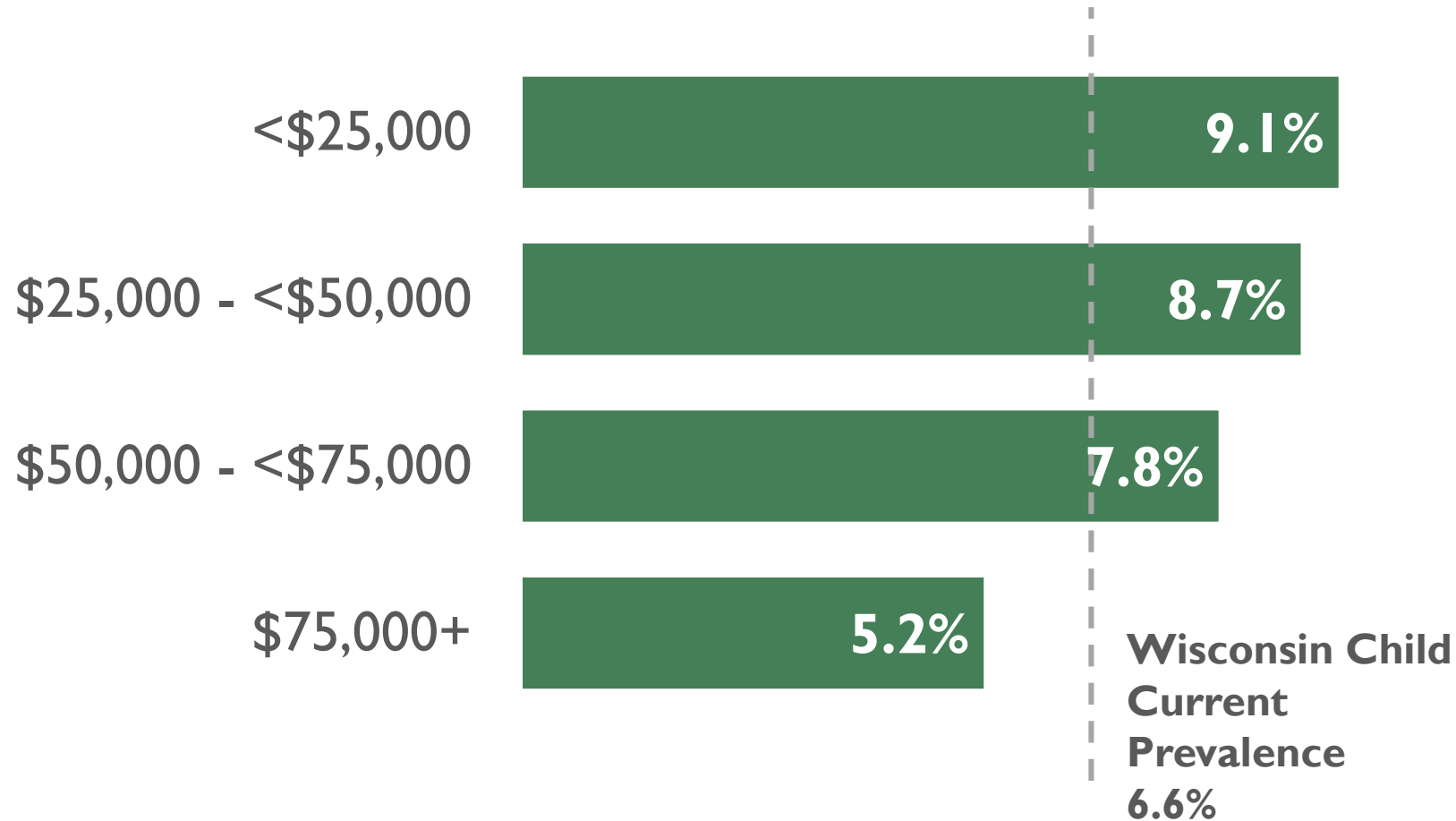
Current Asthma Prevalence by Race and Ethnicity

Black people are twice as likely to have current asthma than all other racial and ethnic groups.

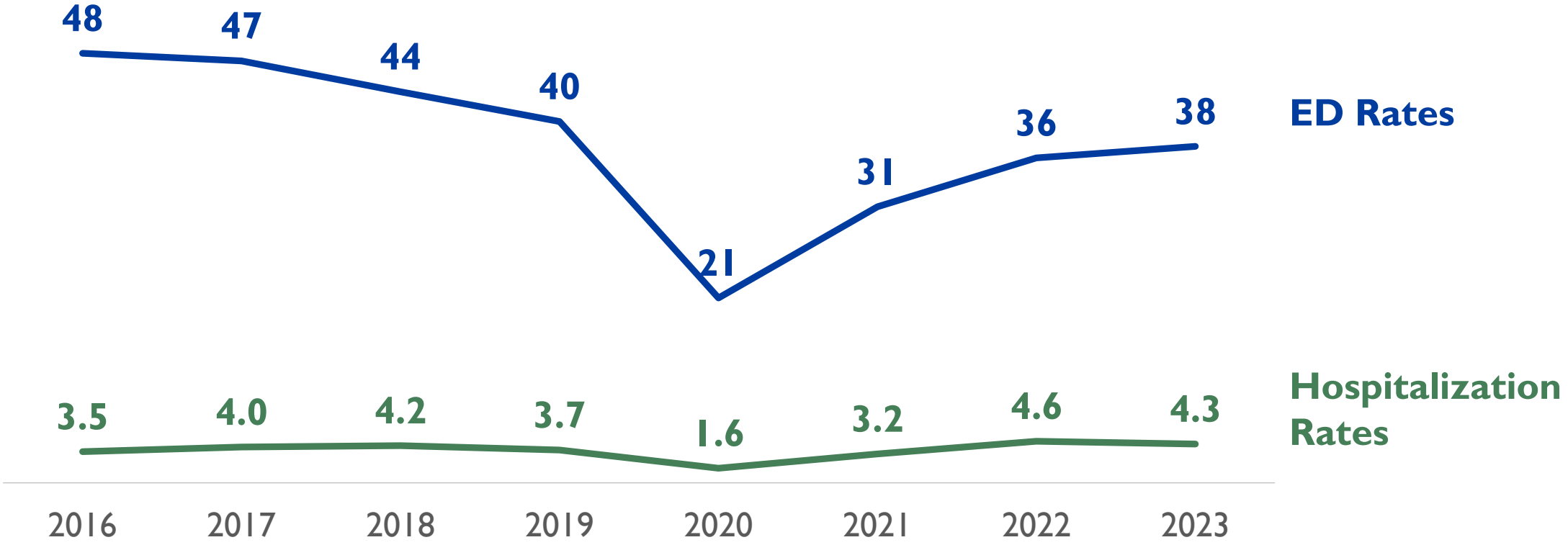


Current Asthma Prevalence by Income

The lowest income group has the highest asthma prevalence.

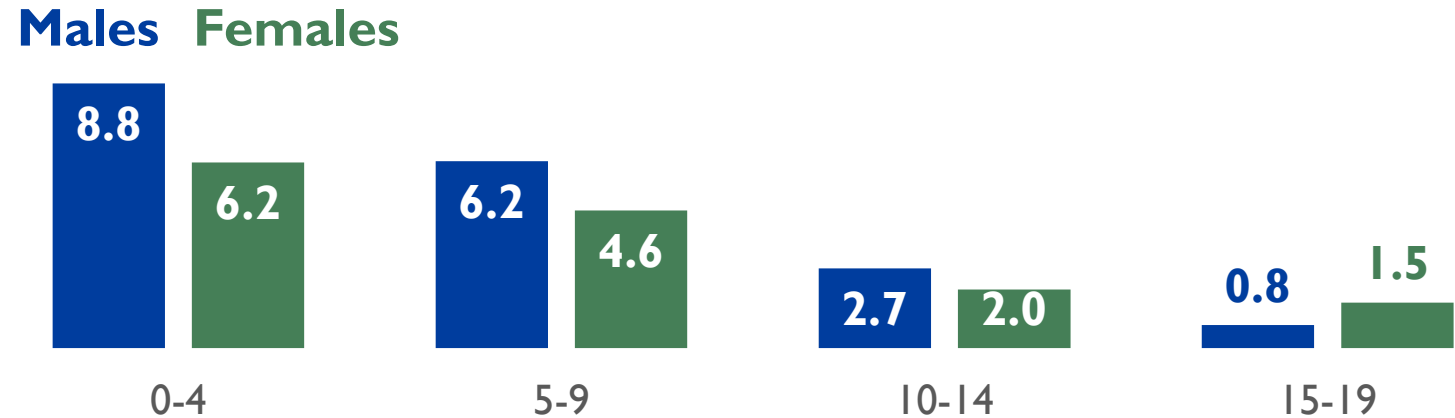


Asthma ED and Hospitalization Rates per 10,000 Kids (Ages 0–19)

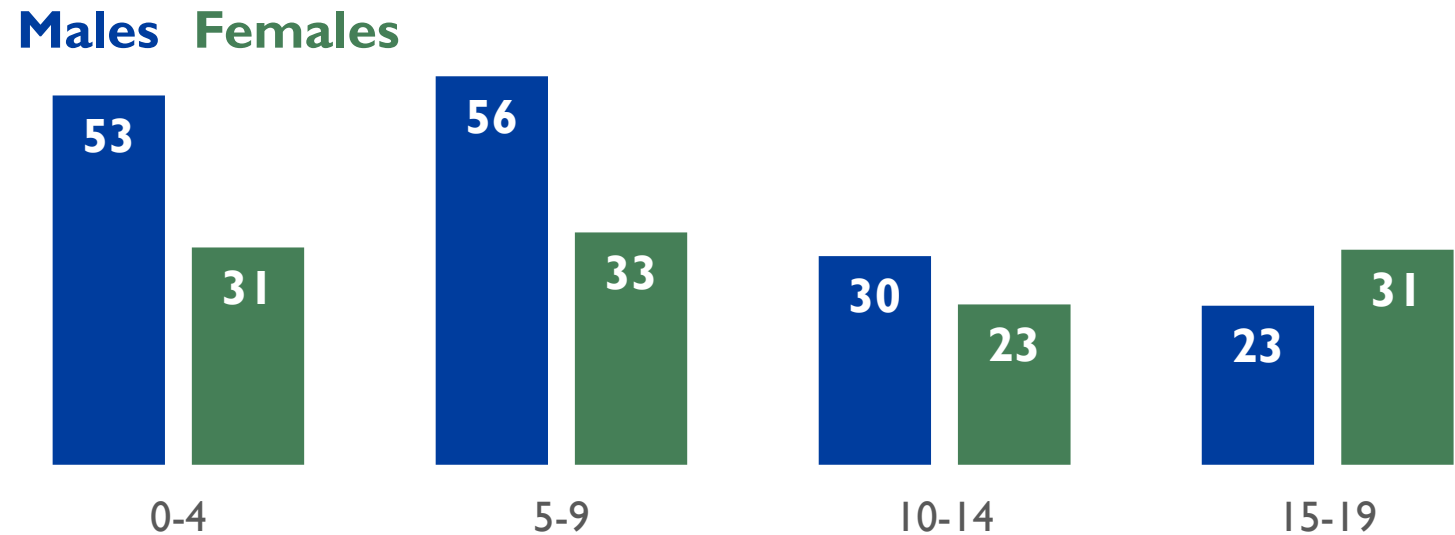


Asthma ED and Hospitalization Rates by Sex

Hospitalization Rates by Age Group
Per 10,000 kids



Emergency Department Rates by Age Group
Per 10,000 kids

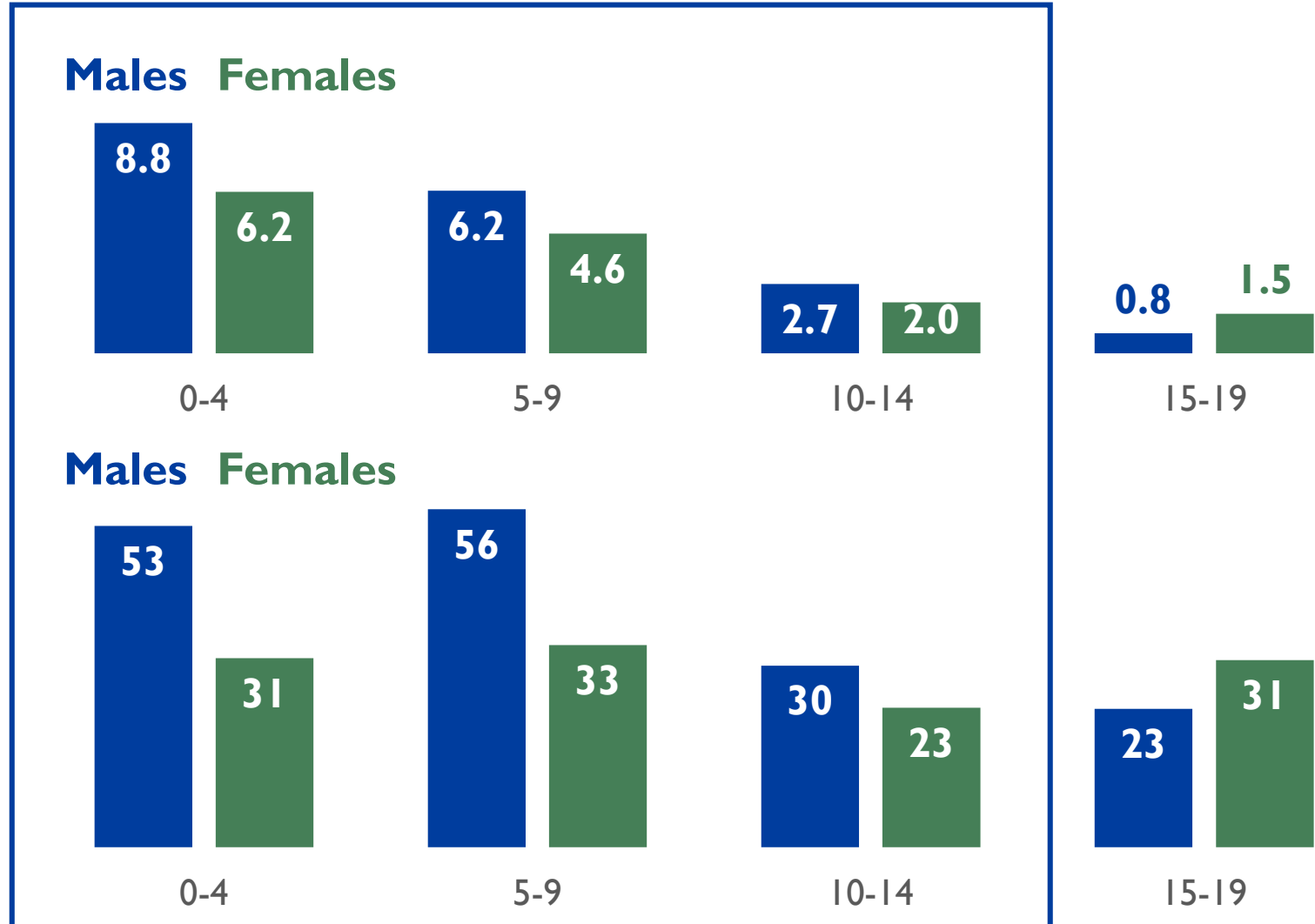


Asthma ED and Hospitalization Rates by Sex

Males have higher rates until high school.

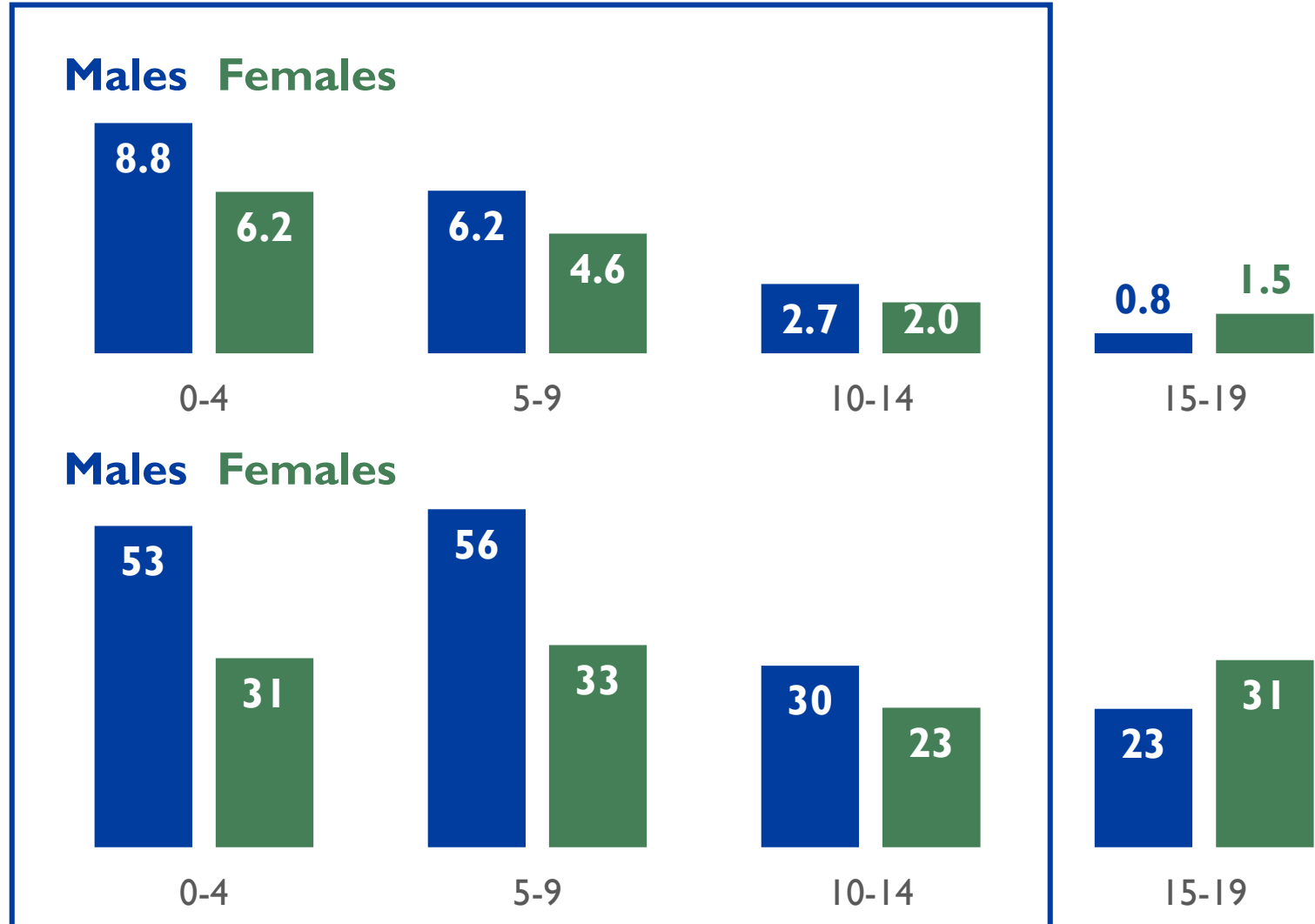
Hospitalization Rates by Age Group

Per 10,000 kids



Emergency Department Rates by Age Group

Per 10,000 kids



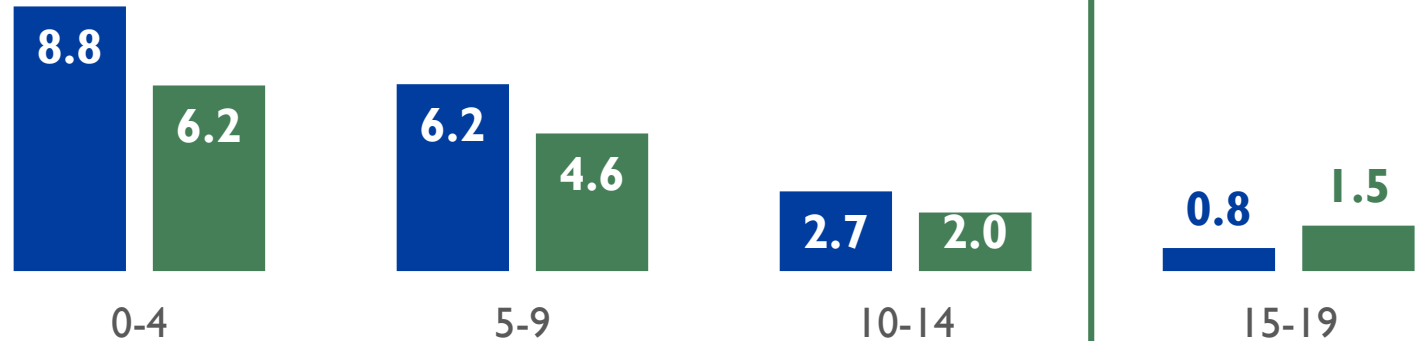
Asthma ED and Hospitalization Rates by Sex

Females have higher rates for the rest of the lifespan.

Hospitalization Rates by Age Group

Per 10,000 kids

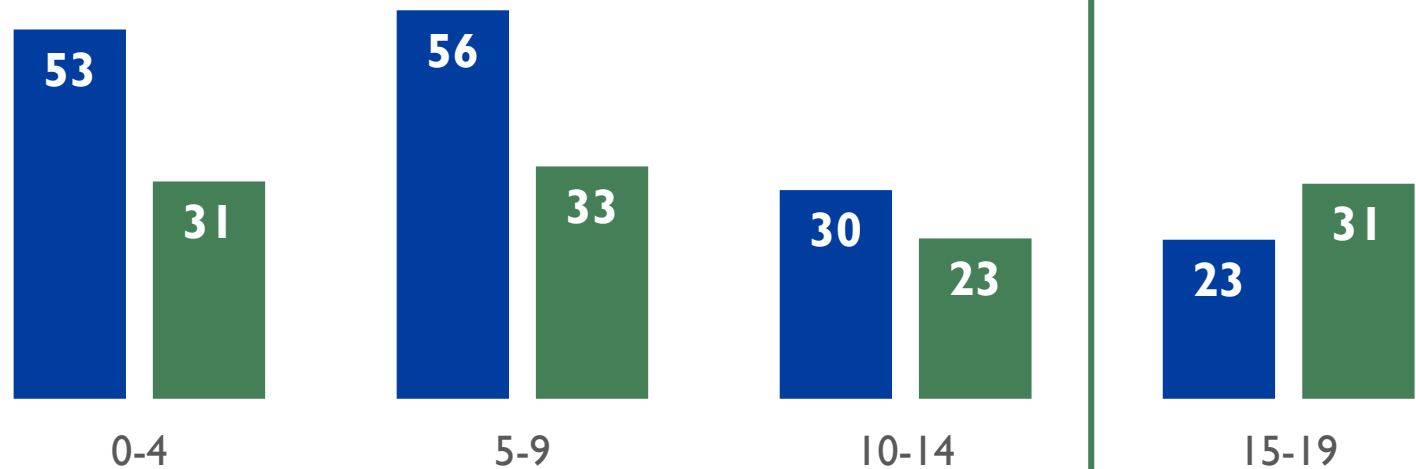
Males Females



Emergency Department Rates by Age Group

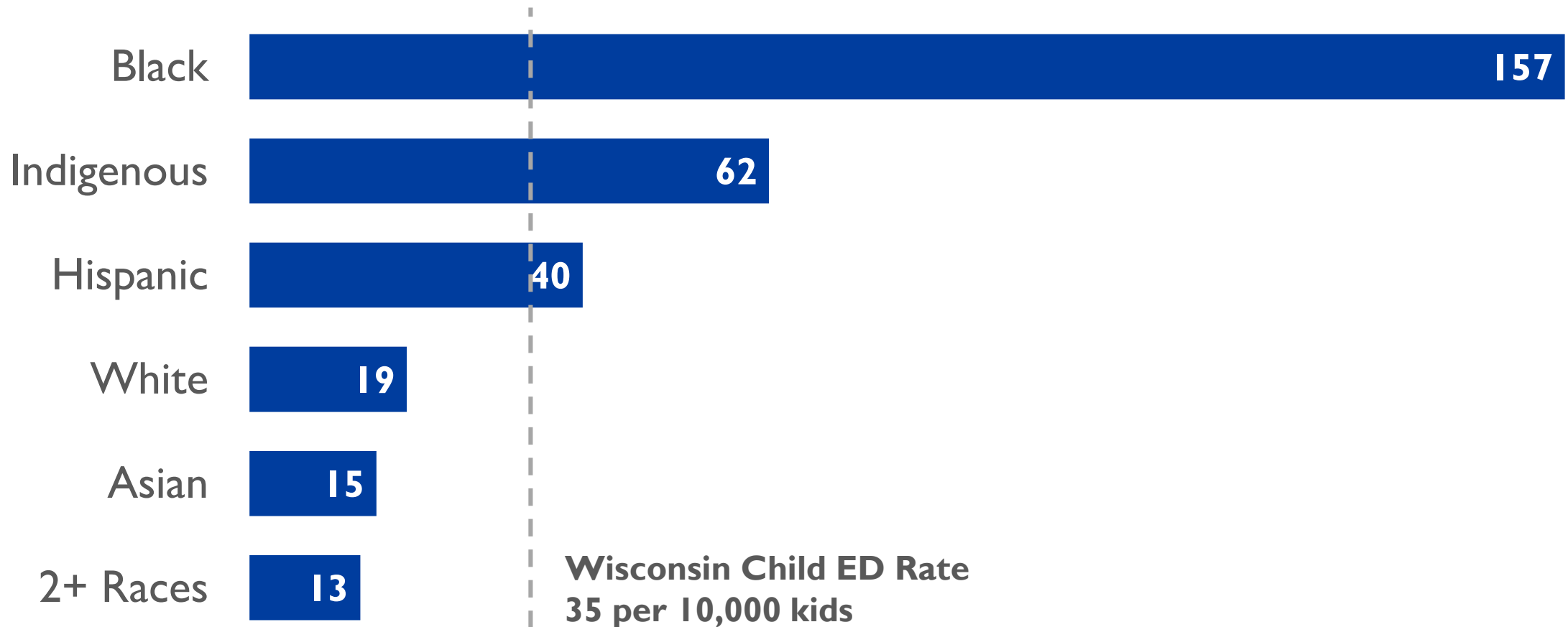
Per 10,000 kids

Males Females



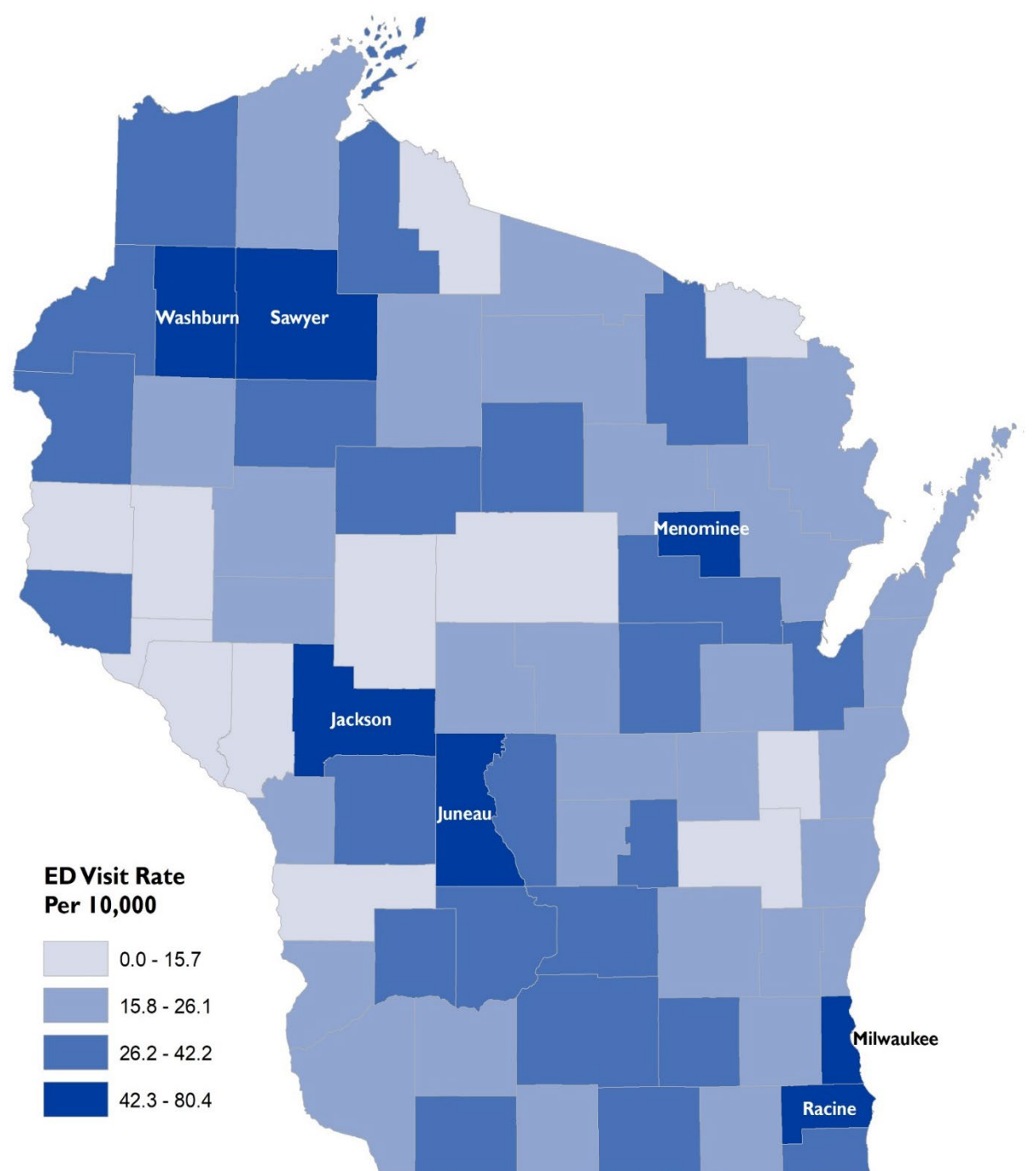
Asthma ED Rates by Race and Ethnicity per 10,000 Kids (Ages 0-19)

Black, Indigenous, and Hispanic rates are significantly higher than the state rate.



Asthma ED Rates by County per 10,000 Kids (Ages 0–19)

Milwaukee	80
Sawyer	56
Racine	55
Menominee	48
Jackson	47
Overall State Rate	35



Asthma-Related School Resources

Asthma Action Plan

Clean School Buses

Love My Air Wisconsin

School Walkthrough Program

Stock Bronchodilator Toolkit

Staff Asthma Trainings

CDC's EXHALE Guide for Schools



dhs.wi.gov/asthma/initiatives.htm#schools

Other Asthma-Related Sessions

Today at 1:15pm

Housing: A Key Social Determinant of Health

Today at 2:25pm

Love My Air Wisconsin

Megan Elderbrook, MPH, CHES

megan.elderbrook@wi.gov

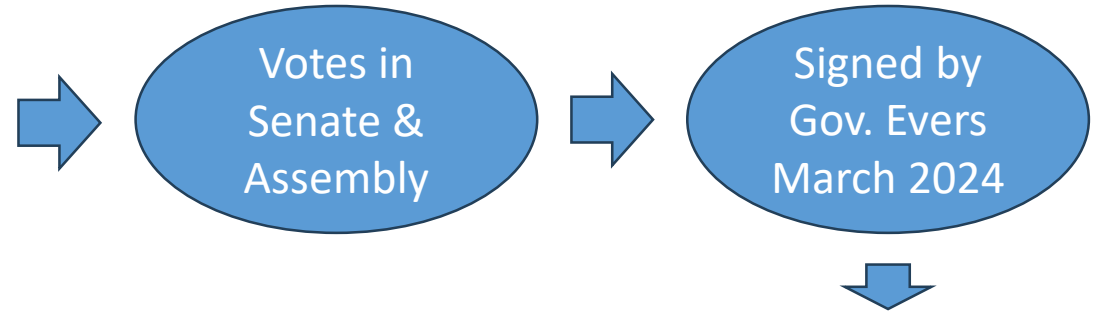
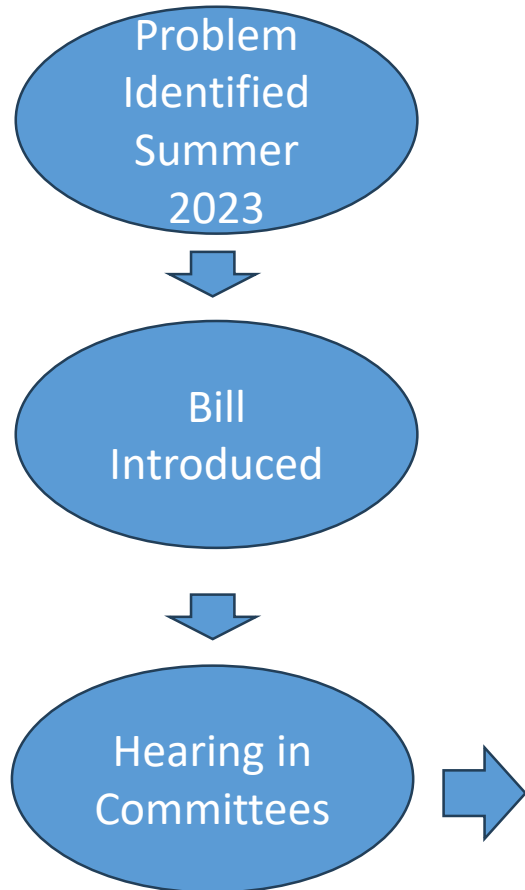
Epidemiologist

Wisconsin Asthma Program

Department of Health Services



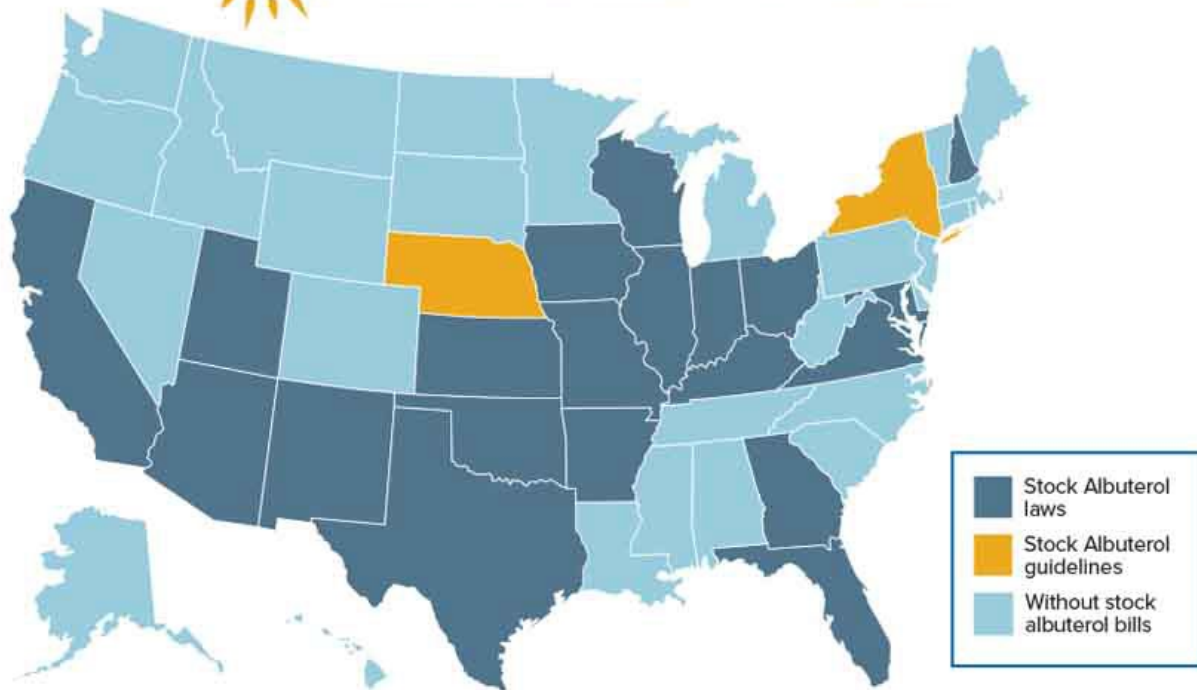
Wisconsin Legislation





USA!lbuterol

State Laws and Guidelines: As of April 2024



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Currently 23 states including the District of Columbia (e.g., Arizona, Arkansas, California, District of Columbia, Florida, Georgia, Illinois, Indiana, Iowa, Kansas, Kentucky, Maryland, Missouri, Nebraska, New Hampshire, New Mexico, New York, Ohio, Oklahoma, Texas, Utah, Virginia and **Wisconsin**) have laws or guidelines that permit schools to stock albuterol inhalers with a prescription and administer it to a student believed to be in respiratory distress.

Source: [Allergy & Asthma Network](https://www.allergyandasthma.org/)

SUMMARY: [2023 WISCONSIN ACT 195](#)

Types of schools	Public, private or tribal
Type of medication	Bronchodilator, such as albuterol, used for the quick relief of asthma symptoms; includes an orally inhaled medication that contains a premeasured single dose of albuterol or albuterol sulfate delivered by a nebulizer or by a pressurized metered-dose inhaler
School plan	Specified by governing body of a school; must be approved by a physician, an advanced practice nurse prescriber, or a physician assistant; should be consistent with state school medication statute Wis. Stat. § 118.29
Training requirements	Specified by governing body of a school in school plan; should be consistent with training requirements listed in statute Wis. Stat. § 118.29(6)
Who can administer meds	School nurse or delegated school personnel
Where/when meds can be administered	On school premises or at a school-sponsored activity
Who can receive meds	A pupil or other person who the school nurse or delegated school personnel believes in good faith is experiencing respiratory distress, regardless of whether the pupil or other person has a prescription for a short-acting bronchodilator
Is there immunity from civil liability?	Yes

Implementation steps for districts:



Create a school asthma plan and obtain approval



Obtain a standing medical order and a prescription



Obtain a supply of bronchodilators and spacers



Delegated school staff must complete required training

Sample Policies:

- Sample District Policy ([American Lung Association](#))
- Sample Policy Communication to Parents
- Sample Protocol for Administration
 - Examples may be edited while working with district legal counsel
- Sample Reporting Form
- Sample Follow-up to Parents/Primary Care Provider After Administration
- Standing Order template
- Letter to Pharmacy
 - To be paired with a copy of the legislation

Staff Training:

- American Lung Association
 - <https://lung.training/courses/stock-asthma-medication.html>
 - https://lung.training/courses/asthma_basics.html
- Wisconsin Department of Public Instruction
 - <https://dpi.wi.gov/sspw/pupil-services/school-nurse/training/medication>

School-based Asthma Management PROgram (SAMPRO) Updates

Nicholas J. Antos, MD

Pediatric Pulmonologist

Children's Wisconsin and the Medical College of Wisconsin

Medical Director, SE WI School-Based Asthma Management Program

Director, Cystic Fibrosis Program

School-based Asthma Allergy Anaphylaxis Management PROgram



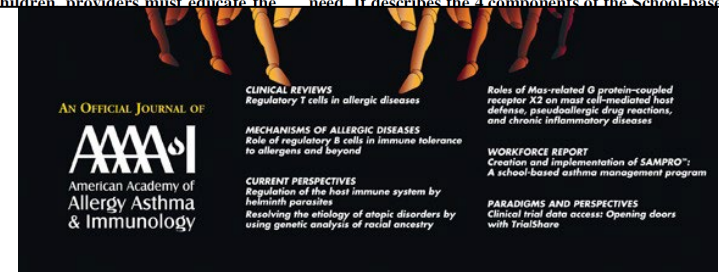
Workforce report

Creation and implementation of SAMPRO™: A school-based asthma management program



Robert F. Lemanske, Jr, MD,^a Sujani Kakumanu, MD,^d Kathleen Shanovich, PNP,^g Nicholas Antos, MD,^b Michelle M. Cloutier, MD,^c Donna Mazyck, MS, RN,^e Wanda Phipatanakul, MD, MS,^f Shirley Schantz, EdD, ARNP, RN,^e Stanley Szefer, MD,^h Renee Vandlik, MA,ⁱ and Paul Williams, MD^j
Madison and Milwaukee, Wis, Hartford, Conn, Silver Spring, Md, Boston, Mass, Aurora, Colo, and Seattle, Wash

Clinicians who care for children with asthma have an obligation to coordinate asthma care with the schools. Aside from routine clinical care of asthmatic children, providers must educate the student requiring school-based asthma care. The following article was developed by multiple stakeholders to address this need. It describes the 4 components of the School-based Asthma



- **School-based Asthma Management Program**
- Started with a AAAAI summit (10/2016)
- Discussed the problems, concerns, and steps needed to help improve school asthma care
 - Developed white paper recommendations
- Now School-based Asthma, Allergy and Anaphylaxis Management Program – **SA³MPRO**



SAMPRO Essential Components

1. ESTABLISHING A CIRCLE OF SUPPORT

2. PROVIDER TO SCHOOL COMMUNICATION

- Developing and sharing standardized Asthma Management Plans with schools

3. SCHOOL BASED EDUCATION

- Students, families, personnel

4. ENVIRONMENTAL ASSESSMENT AND REMEDIATION

- Empowering schools with strategies to reduce environmental triggers



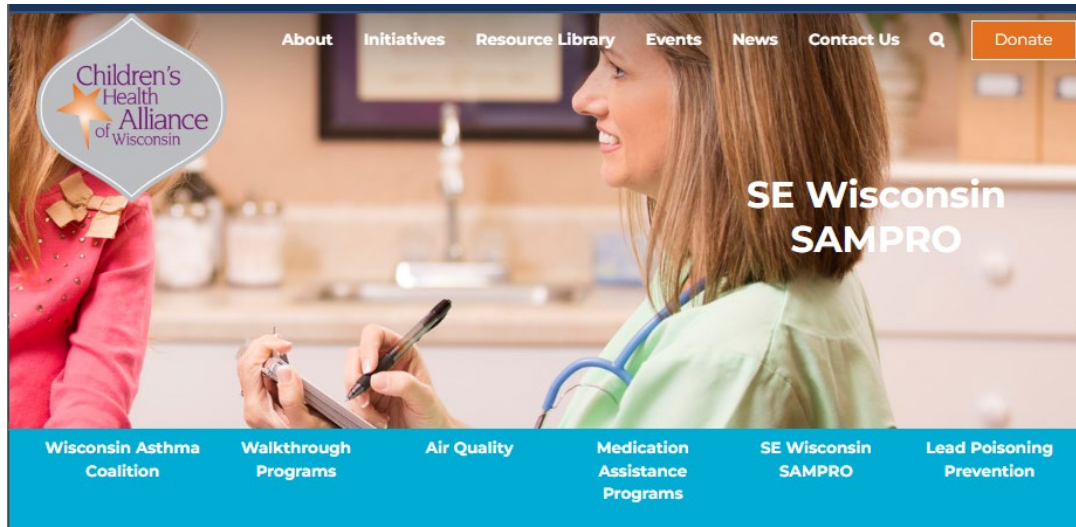
Resources available at:

- SE WI SAMPRO:
 - www.chawisconsin.org/initiatives/environmental-health/se-wisconsin-sampro/
- AAAAI SAMPRO:
 - <https://www.aaaai.org/SAMPRO>

aaaai.org/sampro

AAAAI SAMPRO RESOURCES

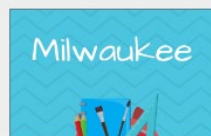
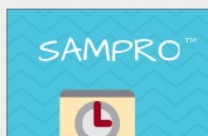
SE WI SAMPRO



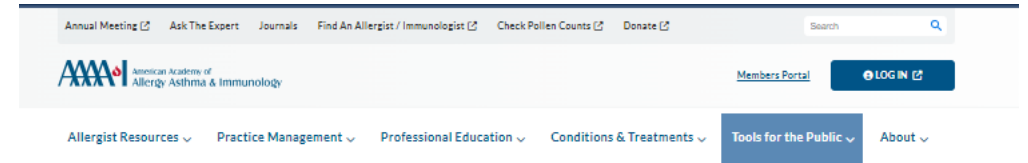
Southeastern Wisconsin School-based Asthma Management Program (SE Wisconsin SAMPRO™)

To improve health outcomes for children with asthma, school-based partnerships focus on integrated care coordination amongst families, clinicians and school nurses. Our role in SE Wisconsin SAMPRO™ is to connect partners, improve systems to support students with asthma and implement the Wisconsin Asthma Coalition school walkthrough program.

Our partners in Milwaukee and Kenosha implement SAMPRO™ program activities to support each child with asthma and improve asthma management. The four components of SAMPRO™ are: Circle of Support, Asthma Management Plans, Asthma Education Plan and Environmental Plan. View the SAMPRO™ Toolkit to learn more.



AAAAI SAMPRO



The School-Based Allergy, Asthma and Anaphylaxis Management Program®: Comprehensive Asthma Educational Resources

School-based Allergy and Asthma Management Program® Background

- Childhood asthma is a common, chronic pediatric condition, affecting 6.3 million children.
- Morbidity from childhood asthma adversely affects school performance, with 1 in 2 children reporting school absences due to asthma each year.
- These asthma related absences influence academic achievement, leading to decreased levels of reading proficiency and increased risk of learning disabilities.
- Improving health and school-related outcomes for children with asthma requires the use of school-based partnerships that focus on integrated care coordination amongst families, clinicians, and school nurses

SA³MPRO™ developed by [multiple stakeholders](#), standardizes recommendations for school based asthma, and provides websites and resources useful for the care of children with asthma in the school setting.

Legislative History

- AAAAI created the SA³MPRO™ resource in 2016 to assist students with asthma and allergies in managing their conditions at school.
- In April 2019, AAAAI initiated bipartisan legislation, the School-Based Allergies and Asthma Management Program Act (H.R. 2468), to support SA³MPRO™.
- H.R. 2468 became law on January 5, 2021, enhancing safety for students with allergies and asthma at school.

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Other Pages in this Section

[School Tools Overview](#)

[The School-Based Allergy, Asthma and Anaphylaxis Management Program®: Comprehensive Asthma Educational Resources](#)

[SA³MPRO™ Establishing a Circle of Support](#)

[SA³MPRO™ Asthma Emergency Treatment Plan & Asthma Action Plan](#)

[SA³MPRO™ Education for School Personnel and Students](#)

[SA³MPRO™ Environmental Asthma Plan](#)

[SA³MPRO™ Additional Resources](#)

[Stock Inhaler Toolkit for Schools](#)

[SA³MPRO™ Anaphylaxis & Food Allergy Resources for Professionals](#)

WAC SAMPRO

- Links to MPS school contact information
- SAMPRO toolkit
- Circle of support
- Asthma Management Plans
- School walkthroughs



SAMPRO™ Toolkit
Administrators, school nurses and clinicians can use this toolkit to implement SAMPRO™ at local schools or organizations.

Milwaukee Public Schools Contacts
Milwaukee families, find contact information for your child's school to learn more about SAMPRO™.

CIRCLE of SUPPORT



What is each member of the Circle of Support's role in implementing SAMPRO™?

Click the button below for the most up-to-date SAMPRO™ asthma action plans, available in multiple languages.
(Please note, viewers may need to scroll as action plans are located in middle of page.)

[SAMPRO™ ASTHMA ACTION PLANS](#)

Name: _____

Birthdate: _____

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent
 He/she has had many or severe asthma attacks/exacerbations

<p>Green Zone Have the child take these medicines every day, even when the child feels well.</p> <p>Always use a spacer with inhalers as directed.</p> <p>Controller Medicine(s): _____</p> <p>Controller Medicine(s) Given in School: _____</p> <p>Rescue Medicine: Albuterol/Levalbuterol _____ puffs every four hours as needed</p> <p>Exercise Medicine: Albuterol/Levalbuterol _____ puffs 15 minutes before activity as needed</p>
<p>Yellow Zone Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.</p> <p>Rescue Medicine: Albuterol/Levalbuterol _____ puffs every 4 hours as needed</p> <p>Controller Medicine(s): _____</p> <p><input type="checkbox"/> Continue Green Zone medicines: _____</p> <p><input type="checkbox"/> Add: _____</p> <p><input type="checkbox"/> Change: _____</p> <p>If the child is in the yellow zone more than 24 hours or is getting worse, follow red zone and call the doctor right away!</p>
<p>Red Zone If breathing is hard and fast, ribs sticking out, trouble walking, talking, or sleeping. Get Help Now</p> <p>Take rescue medicine(s) now</p> <p>Rescue Medicine: Albuterol/Levalbuterol _____ puffs every _____</p> <p>Take: _____</p> <p style="text-align: center;">If the child is not better right away, call 911 Please call the doctor any time the child is in the red zone.</p>

Asthma Triggers: (List) _____

School Staff: Follow the Yellow and Red Zone plans for rescue medicines according to asthma symptoms. Unless otherwise noted, the only controllers to be administered in school are those listed as "given in school" in the green zone.

Both the asthma provider and the parent feel that the child may carry and self-administer their inhalers

School nurse agrees with student self-administering the inhalers

Asthma Provider Printed Name and Contact Information:	Asthma Provider Signature:
_____	_____
	Date:

Parent/Guardian: I give written authorization for the medications listed in the action plan to be administered in school by the nurse or other school members as appropriate. I consent to communication between the prescribing health care provider/clinic, the school nurse, the school medical advisor and school-based health clinic providers necessary for asthma management and administration of this medication.

Parent/guardian signature:	School Nurse Reviewed:
_____	_____
Date:	Date:
_____	_____

Please send a signed copy back to the provider listed above.

Asthma Plan for Home and School

Please visit aaaai.org/SAMPRO to view and download

SAMPRO AMP Updated Options

- Multiple languages

SA³MPRO™ Establishing a Circle of Support

The Circle of Support is a communication network centered around the child, consisting of clinicians, school nurses, and families. This communication network allows for patient centered education and improved asthma management by all members of the circle of support.

Role of the Clinician

- Clinicians who care for children with asthma have a unique obligation to coordinate asthma care with the schools.
-
- Aside from routine clinical care of asthma, health care providers must educate the family and child about the need for an Asthma Action Plan (AAP) in school, and should support the school nurse that is providing school-based asthma care.

CIRCLE of SUPPORT



AAAA American Academy of Allergy Asthma & Immunology

Asthma Action Plan for Home and School

- [Arabic](#)
- [Dutch](#)
- [English](#)
- [French](#)
- [German](#)
- [Italian](#)
- [Karen](#)
- [Russian](#)
- [Somali](#)
- [Spanish](#)
- [Traditional Chinese](#)
- [Ukrainian](#)

School Supplementary Treatment Orders

- [Arabic](#)
- [Dutch](#)
- [English](#)
- [French](#)
- [German](#)
- [Italian](#)
- [Karen](#)
- [Russian](#)
- [Somali](#)
- [Spanish](#)
- [Traditional Chinese](#)
- [Ukrainian](#)

SAMPRO AMP Updated Options

- Multiple languages
- Fillable forms and printable

Asthma Action Plan for Home and School

[Arabic](#)

[Dutch](#)

[English](#)

[French](#)

[German](#)

[Italian](#)

[Karen](#)


[Russian](#)

[Somali](#)

[Spanish](#)

[Traditional Chinese](#)

[Ukrainian](#)

 **Asthma Action Plan for Home & School**

School-based Asthma Management PROgram®

Name: _____ Birthdate: _____

Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent
 He/she has had many or severe asthma attacks/exacerbations

Green Zone Have the child take these medicines every day, even when the child feels well.

Always use a spacer with inhalers as directed.

Controller Medicine(s): _____

Controller Medicine(s) Given in School: _____

Rescue Medicine: _____ puffs every four hours as needed

Exercise Medicine: _____ puffs 15 minutes before activity as needed

Yellow Zone Begin the sick treatment plan if the child has a cough, wheeze, shortness of breath, or tight chest. Have the child take all of these medicines when sick.

Rescue Medicine: _____ puffs every 4 hours as needed

Controller Medicine(s): _____

Continue Green Zone medicines: _____

Add: _____

Change: _____

SAMPRO AMP Updated Options

- Multiple languages
- Fillable forms and printable
- Picture AMP

Asthma Action Plan for Home

- [Arabic](#)
- [Dutch](#)
- [English](#)
- [French](#)
- [German](#)
- [Italian](#)
- [Karen](#)
- [Russian](#)
- [Somali](#)
- [Spanish](#)
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- [Ukrainian](#)



ASTHMA ACTION PLAN


Name: _____ Date: _____
 Emergency Contact: _____ Relationship: _____
 Cell Phone: _____ Work Phone: _____
 Health Care Provider: _____ Phone Number: _____
 Personal Best Peak Flow: _____

Please enter any comments below:

GREEN ZONE: Doing Well

- ✓ No coughing, wheezing, chest tightness, or difficulty breathing
- ✓ Can walk, play, exercise, perform usual activities without symptoms
- ✓ Peak flow to (80% to 100% of personal best)

Take these medicines every day for control and maintenance:

Medicine	How much to take	When and how often
Combination inhaled corticosteroid & long-acting beta2-agonist bronchodilators 	2 puffs	Twice daily
Brand Name: Breo Ellipta(100/25 mcg) Generic: fluticasone furoate and vilanterol inhalation powder(100/25 mcg)		

Asthma Action Plan for Home
 School-based Asthma Management PROgram®

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Asthma Severity: Intermittent Mild Persistent Moderate Persistent Severe Persistent
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Controller Medicine(s): _____

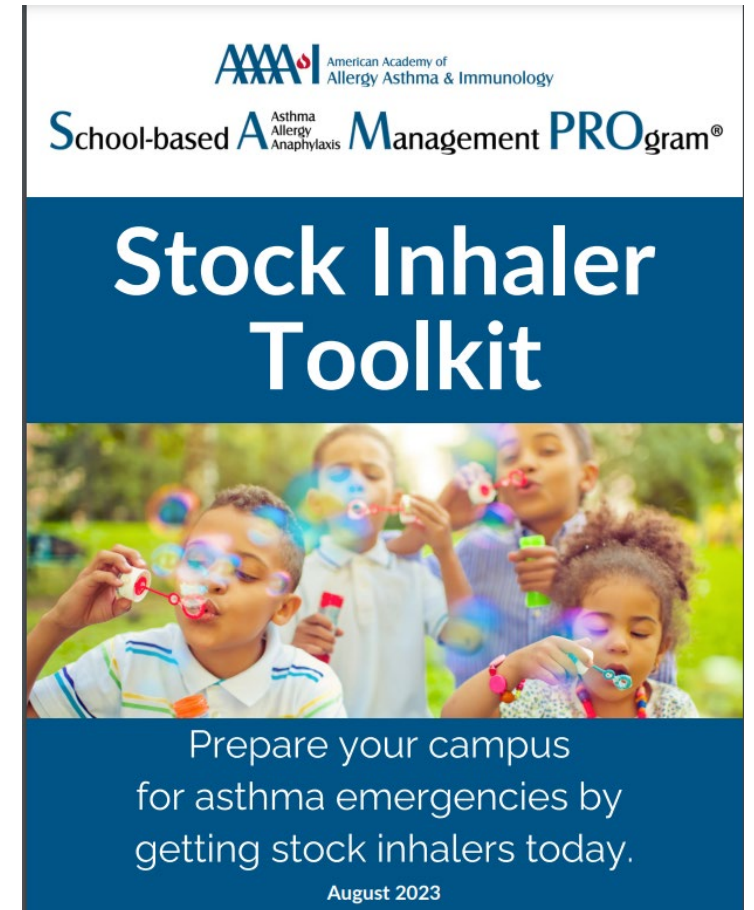
Continue Green Zone medicines: _____

Add: _____

Change: _____

Toolkit & Resources for School

- Understand why stock inhalers are important for your campus
- Learn about stock inhaler laws
- Streamline the process of finding devices and evidence-based training
- Example documents and guidelines
- Get started quickly on the path to help create a safer learning environment.





SMART IN SCHOOL– Same Maintenance And Rescue Therapy

SUGGESTED INITIAL CONTROLLER TREATMENT IN ADULTS AND ADOLESCENTS WITH A DIAGNOSIS OF ASTHMA



GINA Guidelines

www.ginaasthma.org

ASSESS:

Confirmation of diagnosis
Symptom control & modifiable risk factors (including lung function)

Comorbidities
Inhaler technique & adherence
Patient preferences and goals

START HERE IF:

Symptoms less than twice a month

Symptoms twice a month or more, but less than daily

Symptoms most days, or waking with asthma once a week or more

Symptoms most days, or waking with asthma once a week or more, and low lung function

Short course OCS may also be needed for patients presenting with severely uncontrolled asthma

PREFERRED CONTROLLER to prevent exacerbations and control symptoms

STEP 1
As-needed low dose ICS-formoterol *

Other controller options
Low dose ICS taken whenever SABA is taken †

STEP 2
Daily low dose inhaled corticosteroid (ICS), or as-needed low dose ICS-formoterol *

Other controller options
Daily leukotriene receptor antagonist (LTRA), or low dose ICS taken whenever SABA taken †

STEP 3
Low dose ICS-LABA

Other controller options
Medium dose ICS, or low dose ICS+LTRA #

STEP 4
Medium dose ICS-LABA

Other controller options
High dose ICS, add-on tiotropium, or add-on LTRA #

STEP 5
High dose ICS-LABA
Refer for phenotypic assessment ± add-on therapy, e.g. tiotropium, anti-IgE, anti-IL5/5R, anti-IL4R

Other controller options
Add low dose OCS, but consider side-effects

PREFERRED RELIEVER

As-needed low dose ICS-formoterol *

As-needed short-acting β_2 -agonist (SABA)

As-needed low dose ICS-formoterol for patients prescribed maintenance and reliever therapy ‡



* Data only with budesonide-formoterol (bud-form)
† Separate or combination ICS and SABA inhalers

‡ Low-dose ICS-form is the reliever only for patients prescribed bud-form or BDP-form maintenance and reliever therapy
Consider adding HDM SLIT for sensitized patients with allergic rhinitis and FEV1 >70% predicted

SMART IN A NUTSHELL

Standard

SMART

Well

Sick

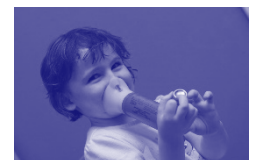
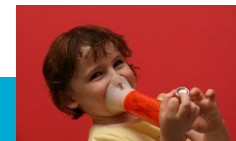
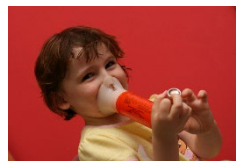
Well

Sick

AM



PM



+

Legend



= Controller



= Rescue

β agonist therapy for SMART

Medication	Short acting	Long Acting	Brand name(s)	SMART?
<u>SABA</u>				
Albuterol levalbuterol	X		Proair®, Ventolin	Standard
<u>LABAs</u>				
ICS-Formoterol	X	X	Dulera®, Symbicort®	Yes
ICS-Salmeterol		X	Advair®	No



**MANY OF YOU MAY BE FAMILIAR
WITH THIS CONCEPT, BUT MANY
SCHOOLS ARE NOT...**



How does SMART affect Schools?

- Nurses knew there were 2 types of inhalers
- This allowed for both a “safety” check to ensure they were giving the correct inhalers at school
- School RN are also educators
 - Re-enforce the maintenance versus rescue plan
 - Alert families and teams if incorrect/not match their plan – This will remain vital!

What do school health teams need to know?

- SMART Therapy exists
- Children may start to bring an ICS-LABA
 - Either they are on SMART or got confused
- These children can still get albuterol if needed
 - Including with stock albuterol, etcetera
- Families will still often send the wrong MDI
- Do NOT use fluticasone-salmeterol as rescue



What families need to know about SMART in school?

- Their plan may be different than other kids
- They will need enough inhalers for school
 - This may need to be albuterol
 - Insurances generally won't cover extra rescue ICS/LABA
- It is OKAY if they get albuterol at school

How do we as asthma teams help?

- The Asthma Management Plan and school form is even more important
 - Need to be correct and personalized with **any** options
- Expect more calls from schools if using SMART
- Education for schools, especially as SMART increases

SMART SAMPRO AMP

- SAMPRO AMPs are updating with SMART therapy
- Picture AMP may be even more helpful for families, especially if they have different options
- With that being said, if SMART becomes commonplace it may make therapy more simple for families
 - The data showing this from a community standpoint is behind the change

Conclusions

- SAMPRO aims to help partner with schools and healthcare teams
- Multiple AMP and toolkits available
- SMART therapy will be an emerging challenge
- See the SE WI SAMPRO website
 - Including for information on school walkthroughs
- AAAAI SAMPRO national resources include various languages and types of plans and connections



Asthma In Action - Creating
Asthma Friendly Schools for
Little Chute Area School District

Samantha Busko, MSN, RN
LCASD Nurse



Little Chute Area School District Overview

Approximate
24-25
LCASD
Student
Population:

1585

Diagnosed
Asthmatic
Population:

89

Growth amongst
Respiratory Conditions

LCASD has
had an
increase
over the last
5 years

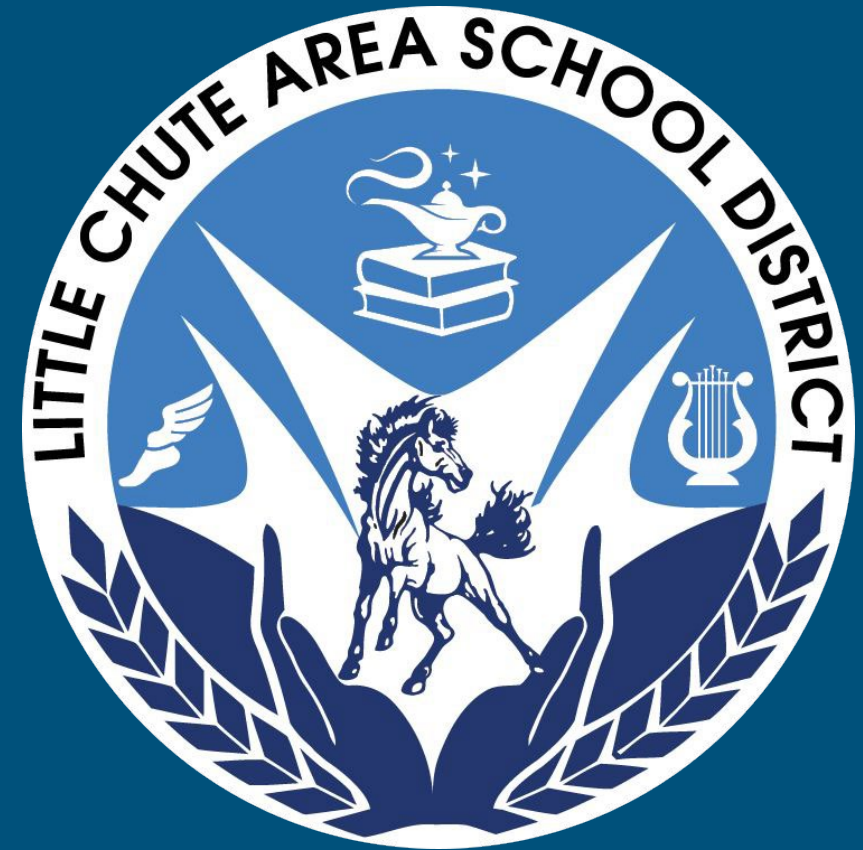
Prior to Asthma Grant, The LCASD has already had the following Practices in place for Asthmatic Student:

- ❑ Asthma Emergency Medical Plans and medications for LCASD Students with disclosed Asthma Diagnosis
- ❑ Annual inhaler education for all LCASD Staff members

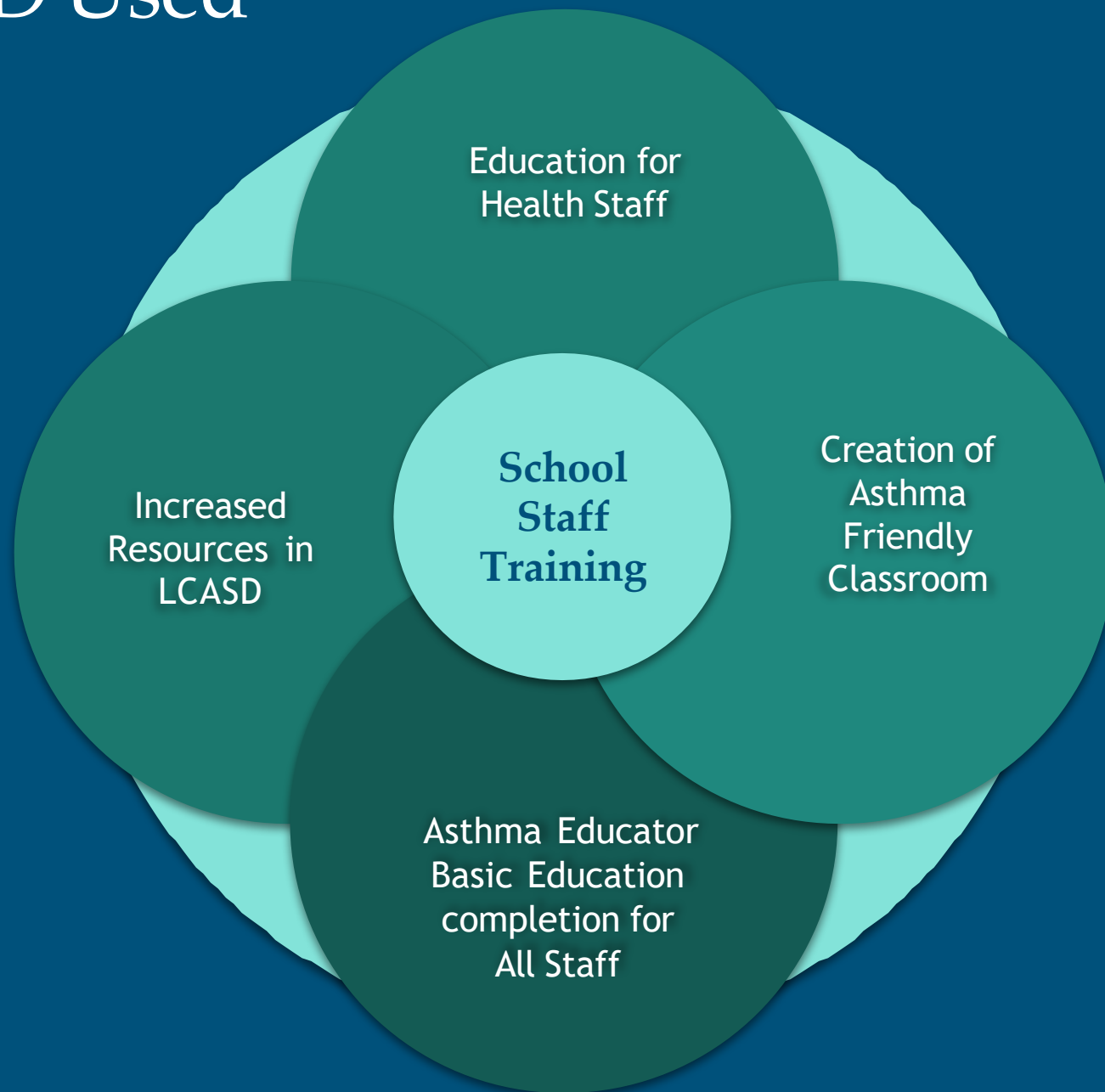
Grant Overview:

Little Chute Area School District was awarded the Asthma in Action: Creating Asthma Friendly Schools in 22-23 School Year and 23-24 School Year.

The award's purpose is to maximize the reach, impact, efficiency, and sustainability of comprehensive asthma control services.

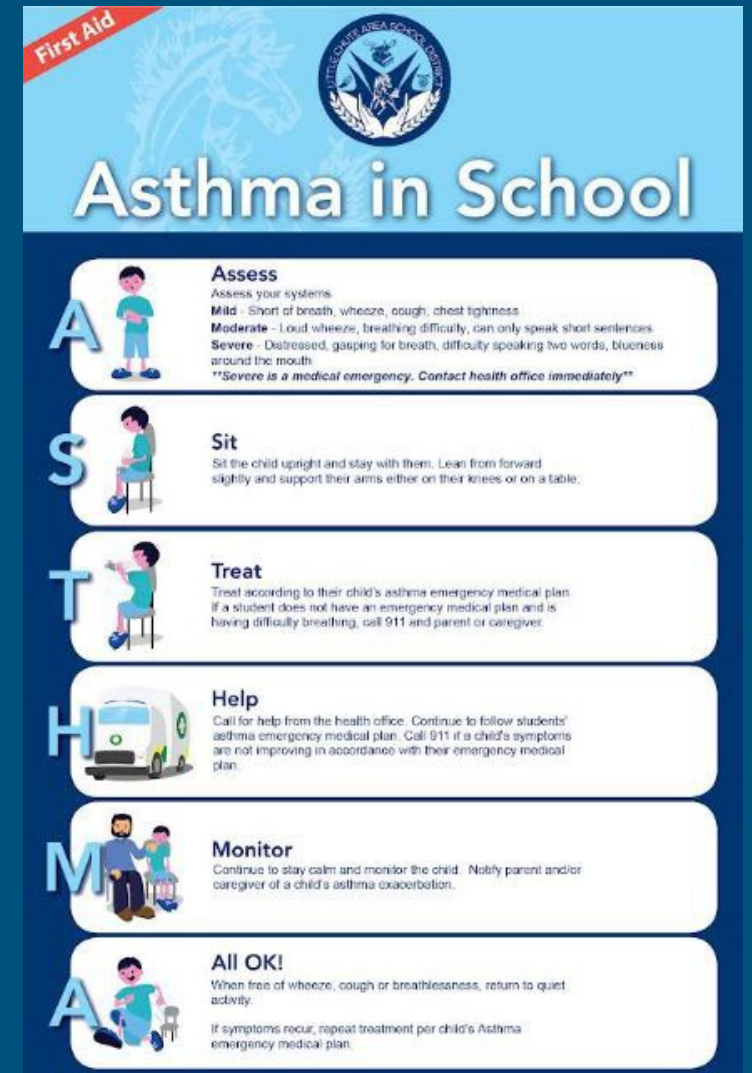


How LCASD Used this Grant:




Highlights of the Asthma Grant Work 2022-2023

- School Nurse Completion of American Lung Association Asthma Educator Institute
- Providing education on Asthma Triggers in the classroom and encouraged staff to remove those triggers
- Updating school handbook that prohibits or greatly limits noticeable asthmatic triggers such as flowers and scented products
- During annual health and wellness training conducted in August of 2023, all LCASD staff completed the Asthma Basic Education Course.
- Weekly Air Quality Index Send Out to Physical Education Staff for decisions on outside activity.
- Asthma First Aid Educational Poster in all of our Gymnasiums on support during an Asthma Attack.



Asthma Grant Work 2023-2024


- School Nurse and nursing assistant completion of the Asthma Guidelines for Health Care Professionals courses
- During annual health and wellness training conducted in August of 2024, all new LCASD staff completed the Asthma Basic Education Course
- Providing education on Asthma Triggers in the classroom and encouraged staff to remove those triggers
- Asthma Mini Grant Opportunity for LCASD staff members that offered 10 LCASD staff \$300 to replace and purchase new Asthma Friendly Equipment for their classroom. (ex. Removing of cloth based couches for plastic wipeable)



My Classroom Equipment is Asthma Friendly!

Little Chute Area School District is dedicated in making our school a safe and healthy environment for all students! With financial grant support from the Wisconsin Asthma Coalition, LCASD was able to purchase new Asthma Friendly equipment for several classrooms throughout the district. This equipment is consider Asthma Friendly as it has limited fabrics and can be easily and properly cleaned. These changes in the classroom environment can help limit Asthma Flare Ups and help support asthmatic students to learn better and participate fully during the school day.

 WISCONSIN ASTHMA COALITION
★Children's Health Alliance of Wisconsin

 LITTLE CHUTE Area School District
Fostering a community of learners



Continuation Post Asthma in Action - Creating Asthma Friendly Schools Completion:

LCASD Steps for Asthma
Education in coming years:

- Continued training activities to advance Asthma knowledge amongst LCASD Health Staff
 - Continued training for all LCASD staff via the Asthma Basic Education Course and other asthma education resources
 - Stock Albuterol introduction into Little Chute Area School District
-



School Nurses Learning the Asthma Educator Role for Improved Student Outcomes

October 7, 2024

Jessica Schaub, BSN, RN

Background



School Nurse Participants

- High school nurse
- Elementary school nurse
- Combined 41 years experience as registered nurses, 20 years as school nurses
- Limited asthma professional development within the past 2 years.

School Demographics

- High school, grades 9 – 12
 - 689 students
 - 17% people of color/83% white
 - 52 asthma diagnosis
 - 8 inhaler orders on file 23-24 (no AAPs)
- Elementary school, grades 2 – 5
 - 477 students
 - 24% people of color/76% white
 - 26 asthma diagnosis
 - 5 inhaler orders and AAP on file 23-24

Activities



Asthma Educator Institute Course

- Online course
- Easy to pick up where you left off
- Convenient
- *We would have loved slide deck handout for notes*

School Nurse “Course Book Study”

- AEI course content broken into sections
- Scheduled after school hours
- 30- to 75-minute discussion sessions via Zoom over 5 months
- Professional sharing when able with 3rd school nurse peer

Outcomes



Student Related

- Asthma Action Plans updated (English, Spanish; Hmong-pending)
- Using new resources for *How to Use an Inhaler* with or without a chamber
- Yet uncertain how many students will have an AAP and order for rescue inhaler on file 24-25 school year

School Nurse Related

- RNs have updated asthma knowledge & resources
- Improved interviewing skills-ask pertinent questions (made a list)
- Staff training resources updated with *How to Use an Inhaler* with or without a chamber
- Communications in multiple languages

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