

COVID-19 and Asthma Toolkit for Schools

**Creating an Environment
That Protects Students and Staff
With Asthma While Preventing
the Spread of the New Coronavirus**



Asthma and Allergy
Foundation of America

COVID-19 and Asthma Toolkit for Schools **Creating an Environment That Protects Students and Staff With Asthma While Preventing the Spread of the New Coronavirus**

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Disclaimer

This guidance is offered as a supplement to current county/state/federal guidelines. It is not meant to replace or supersede current county/state/federal guidelines. This toolkit acts as a guide to help schools better manage asthma and reduce the risk of spreading the new coronavirus. Following these guidelines does not guarantee there will not be a COVID-19 outbreak but should help schools reduce the risk. Physical distancing and wearing face coverings are key to prevention until large-scale, successful vaccination is available and utilized. COVID-19 is a rapidly changing pandemic, and this guidance reflects the most accurate information available at the time of publication. AAFA will update this toolkit as resources permit to reflect the most current guidance. The most current version can be accessed at: aafa.org/schools-covid19

About the Asthma and Allergy Foundation of America

The Asthma and Allergy Foundation of America (AAFA), a not-for-profit organization founded in 1953, is the leading patient organization for people with asthma and allergies, and the oldest asthma and allergy patient group in the world.

AAFA is dedicated to saving lives and reducing the burden of disease for people with asthma and allergies through support, advocacy, education and research.

For more information, visit:

Asthma and Allergy Foundation of America: aafa.org • 800-7-ASTHMA • aafa.org/contact
asthma & allergy friendly® Certification Program: aafa.org/certified

Table of Contents

COVID-19 School Policies Could Affect Children and Staff With Asthma	4
How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus	5
Understanding Asthma	14
What Is Asthma?	14
Asthma In Children	14
Asthma Symptoms	14
Asthma Action Plans	15
Asthma-Friendly School Settings	18
Environmental Control	18
Asthma Triggers.	18
The Importance of the Flu Vaccination During COVID-19	19
Who Should Get the Flu Vaccine	19
Pneumococcal Vaccine.	20
COVID-19 (SARS-CoV-2) Vaccines	20
Indoor Air Quality	21
Access to Quick-Relief Asthma Medicine (Albuterol).	21
Stocking Undesignated Albuterol.	22
Using Inhalers and Spacers Instead of Nebulizers to Prevent the Spread of COVID-19	22
Exercise.	22
September Asthma Epidemic	23
COVID-19 Protocols	23
School Nurses.	23
Emotional and Mental Health Support	23
Improving Air Ventilation and Quality	23
Physical Distancing.	24
Handwashing: Access to Bathrooms and Handwashing Stations.	24
Face Masks or Coverings	25
Face Coverings for Younger Students	26
Exemptions for Masks and Face Coverings	27
Symptom and Temperature Monitoring	27
Is it COVID-19, the Flu, a Cold or Allergies? Chart	29
Sample Letter Asking Parents for Second Inhaler and Spacer	31
Resources.	32
AAFA Resources	32
Resources for School Nurses	32
Videos, Infographics, Posters and Resources on How to Wear a Mask.	33
COVID-19 and Reopening Guidance for Schools	33
Resources for School Support Staff	34
Indoor Air Quality (IAQ) Resources.	34
Asthma Devices, Face Masks or Coverings, and Personal Protection Equipment (PPE).	34
Cleaning	35
Acknowledgements	36
References	37

COVID-19 School Policies Could Affect Children and Staff With Asthma

Your schools face a major challenge for the 2020-2021 school year as you try to reopen during the COVID-19 pandemic caused by the new coronavirus (SARS-CoV-2). Face masks or coverings, physical distancing (previously referred to as social distancing), schedule changes and new cleaning practices will change how you teach and how your students learn.

As your school district implements new processes, you may also be concerned about how this will affect more vulnerable staff and students, such as those with asthma. The average classroom of 30 students will have about three students with asthma.¹ And you likely have many staff members who also have asthma, since more than 19 million American adults have asthma.

Asthma is a serious condition that affects more than 19 million American adults and 5.5 million children.² It is a leading cause of missed work and school days.³ By making your school more asthma friendly, you can help reduce symptoms and the spread of the new coronavirus, as well as mitigate the need for remedial instruction.

This toolkit is designed to supplement your current district/state guidelines so you can better protect your students and staff with asthma while also protecting everyone from COVID-19.

Some aspects of COVID-19 prevention in schools have the potential to have a negative effect on students and staff with asthma. These processes or protocols could increase the risk of asthma episodes or attacks:

- Staff and students may be exposed to more cleaning chemicals and scents due to increased cleaning, especially if you use stronger cleaners or disinfectants (refer to CDC memo on cleaning and disinfecting)
- Staff and students with moderate-to-severe asthma may have trouble breathing while wearing masks during class time, recess or physical education (PE) classes
- If recess time is reduced or canceled, it could expose students and staff to poor indoor air quality and triggers for longer periods if triggers are not reduced or removed
- Students who normally use nebulizers may have trouble using a quick-relief (albuterol) inhaler without proper instruction and supervision

This toolkit includes information about asthma basics and how school environments can trigger asthma symptoms. COVID-19 prevention strategies

can introduce more asthma triggers into your school. Constant exposure to asthma triggers in school settings can hinder learning and may cause increased coughing. Coughing can unintentionally spread the new coronavirus by people without symptoms and may cause anxiety for those close to the person coughing. Reducing asthma triggers is an important part of reducing the spread of the new coronavirus.

Currently, the data (as of June 25, 2020) show **no increased risk of COVID-19 infection or severity of COVID-19 disease in people with asthma.** The CDC does list asthma as a risk factor for severe COVID-19 disease, but there is no published supporting data at this time.⁴⁵⁶ People with asthma may experience asthma symptoms triggered by respiratory illnesses, such as COVID-19 and the flu. Accommodations should be put into place to protect them and other high-risk students and staff. Schools may be contacted by parents/guardians about establishing an accommodation plan under Section 504 of the Americans With Disabilities Act.

The following checklists will help you create a healthier, more asthma-friendly learning experience. We recognize your school may not have the resources and budget to implement all recommendations. Remember that any steps you can take will help improve the environment for staff and students with asthma and reduce the spread of the new coronavirus.

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

Use the following checklists and resources to evaluate the health and safety of your school spaces.

NURSING STAFF Recommended Policies and Practices	Yes	No
Have a school nurse dedicated to one school and on campus daily.		
Assign a dedicated COVID-19 point-of-contact person – preferably the school nurse – to act as the liaison between the school, students and their families.		
Give the nurse access to and management of an isolated, dedicated space (health room) for students and staff who are experiencing asthma or COVID-19 symptoms. It is ideal if these are two separate rooms.		
The dedicated health room space needs immediate access to personal protective equipment (PPE), a sink and a telephone.		
HEALTH AND HYGIENE Recommended Policies and Practices	Yes	No
Handwashing and Hand Sanitizing		
Make sure bathrooms are open and available for handwashing throughout the day.		
Make sure bathrooms and handwashing stations, including those in classrooms, have warm/hot running water and are stocked with soap (preferably unscented), trash cans, and paper towels or working hand dryers.		
Allow for breaks throughout the day for handwashing. Supervise handwashing when possible, especially in elementary schools.		
Limit the number of students in the bathroom at one time to ensure physical distancing.		
Place hand sanitizer in all classrooms and gathering areas, such as the gym and cafeteria, administration offices, and faculty and staff breakrooms.		
Supervise the use of hand sanitizers to avoid ingestion and accidental poisonings, especially in pre-K/elementary school and in some special needs settings.		
Choose hand sanitizer with at least 60% ethyl alcohol or 70% isopropyl alcohol.		
Remind students and staff daily to apply hand sanitizer often. Spread it on the front and back of hands, in between fingers and on the fingertips. Rub hands together for 20 seconds and let air dry for 30 seconds. Do not wipe off excess hand sanitizer.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

HEALTH AND HYGIENE Recommended Policies and Practices	Yes	No
Symptom and Temperature Monitoring		
Provide families with a reference checklist of symptoms in their first language so they can help. Encourage families to call the school's COVID-19 point person if they have questions before sending the student to school.		
Conduct daily symptom checks (e.g., fever, fatigue, loss of sense of smell or taste, cough, etc.) Send staff and students with symptoms home.		
Have a plan in place for students and staff who show COVID-19 symptoms during the school day, including an isolation space for anyone with symptoms.		
Physical Distancing		
Place physical guides spaced 6 feet apart – such as taped markings on sidewalks outside the school and in hallways, restrooms, gyms, cafeterias and classrooms – to help students and staff keep safe distances.		
Post instructions for physical distancing (signs, directional and standing instruction markings on the floor).		
Remind students and staff throughout the day to physically distance.		
Set up classrooms with desks/seating so students remain 6 feet apart where feasible and no closer than 3 feet.		
Remind students to stay 6 feet apart when walking to different areas of the building (restrooms, cafeteria, gym, library, etc.).		
Place administration office workspaces 6 feet apart.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

HEALTH AND HYGIENE Recommended Policies and Practices	Yes	No
Face Coverings and Gloves		
Instruct students and staff on the correct way to wear a face mask or covering and how to put it on and take off.		
Make sure all students/staff have at least one face mask or covering of their own.		
Maintain a supply of PPE and masks for special circumstances or for those without a personal supply, including masks/face shields for those with disabilities, such as people who are deaf or hard of hearing.		
Make sure students wear face masks or coverings when they cannot be 6 feet apart.		
Give students breaks – ideally outdoor breaks – throughout the day so students can safely remove their face masks or coverings for a period of time while staying at least 6 feet apart.		
Modify physical activities and education if students cannot be 6 feet apart and need to wear face masks or coverings.		
Make disposable latex-free gloves available and accessible to staff so they can change them often.		
Have staff wear latex-free gloves and face masks or coverings while using cleaning and disinfecting products.		
Have staff wear latex-free gloves and face masks or coverings while preparing and serving food.		
Have plenty of trash cans for proper disposal of gloves and disposable face masks available.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

HEALTH AND HYGIENE Recommended Policies and Practices	Yes	No
Protecting Teachers and Staff		
Encourage teachers and staff to stay home at the first sign of symptoms.		
Provide PPE, such as face masks or coverings, gloves and gowns where needed.		
Have school nurses work with parents/guardians to identify students with asthma or who have experienced asthma symptoms.		
Provide families with the paperwork needed to return to school, including district-approved Asthma Action Plans and approval for self-carry and administration of medicines.		
Plan to work with school nurses and social services for help when accessing services and/or supplies for those families with financial considerations.		
Provide families with the paperwork needed to return to school, including district-approved Asthma Action Plans and approval for self-carry and administration of medicines.		
Asthma Action Plans		
Request updated Asthma Action Plans for each child that has asthma and make sure each plan is signed by the child's doctor and kept on file at the school.		
Make sure all school staff who come in contact with a student with asthma have access to each student's written Asthma Action Plans.		
Train school staff and teachers on how to follow an Asthma Action Plan.		
School Staff Education		
Educate school faculty, staff and coaches how to recognize COVID-19 symptoms.		
Educate school faculty, staff and coaches how to recognize asthma symptoms.		
Educate school faculty, staff and coaches and provide visual cues for when they should contact emergency medical services (EMS).		
Educate school faculty, staff and coaches proper handwashing, cleaning and disinfecting.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

HEALTH AND HYGIENE Recommended Policies and Practices	Yes	No
Physical Education Adjustments		
Conduct physical education and activities in a large area that allows for 6 feet of physical distancing, preferably outside.		
Have instructions in place for physical distancing (signs, directional and standing instruction markings on the floor, in the grass or on a field).		
Choose solo activities to keep students apart, such as hula hoops, self-paced obstacle courses, jump rope or games, such as Simon Says. Activities such as yoga, golf, cardio may work for middle or high school students.		
Make sure students with exercise-induced asthma have access to their quick-relief (albuterol) inhaler so they can take it 15 to 30 minutes before physical activity to avoid asthma symptoms, and during and after activities to manage symptoms, if needed.		
MEDICINES Recommended Policies and Practices	Yes	No
Administering Medicines/Asthma Action Plans		
Make sure school nurses, administrators, teachers and staff are aware of your state's self-carry protocols.		
School nurses should work with each student's parents/guardians to help determine if the student meets the criteria for self-carry and to administer their asthma medicine according to your state's guidelines.		
Make sure all required self-carry and administer paperwork is completed and on file at school.		
Self-Carry Protocols		
Make sure school nurses, administrators, teachers and staff are aware of your state's self-carry protocols.		
School nurses should work with each student's parents/guardians to help determine if the student has the maturity and ability to self-carry and administer their asthma medicine.		
Make sure all required self-carry and administer paperwork is completed and on file at the school.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

MEDICINES Recommended Policies and Practices	Yes	No
Stock Albuterol		
If your school has stocked undesignated albuterol, have the appropriate procedures in place to clean spacers between uses per the manufacturer's instructions or use the student's personal spacer.		
If a student does not have their own spacer at school, have them use a disposable spacer with metered dose inhalers (MDIs).		
Use MDIs as the preferred delivery device for asthma medicines. It is not recommended to use nebulizers in the school setting since it is not known if they aerosolize and possibly spread the virus. Most students should be able to use an MDI correctly with the supervision of the school nurse and use of the teach-back method.		
Additional Albuterol From Home		
Consider asking students with asthma to have an inhaler and spacer on file in the nurse's office even if they can self-carry and administer. Students often forget to bring their inhaler to school, or it can be misplaced during the day or be empty when it is needed most.		
Consider making this a standard practice in your school to avoid the sharing of inhalers as well. A sample letter to send home to parents is on page 31.		
Education on Proper Inhaler Technique		
As appropriate, teach nonprofessional staff how to administer asthma medicines in nebulized and inhaler form. If a full-time school nurse is not available on campus, any delegation of medication administration needs to be done under guidance from state regulations which have provisions for non-licensed personnel to administer medications.		
Have the school nurse supervise the use of asthma inhalers and have the student provide a teach-back to ensure they are priming, holding and inhaling the medication correctly, even when a spacer is used. In order to receive the entire asthma medication, the student or staff member must have the correct inhalation technique.		
Teach coaches how to recognize asthma symptoms and administer asthma medicines, and make sure they have access to students' Asthma Action Plans and medicine when they can self-carry. Establish a protocol for situations where a student experiences symptoms but does not have medication readily available.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

ENVIRONMENT Recommended Policies and Practices	Yes	No
Ventilation		
Do not disable heating, ventilating and air-conditioning (HVAC) systems, if possible. Ventilation and filtration provided by these systems can reduce airborne concentrations of the new coronavirus. These systems can reduce the risk of transmission through the air.		
Keep HVAC systems running as much as possible, even when students and staff are not in the building. Run systems at least two hours before students and staff enter the building.		
Upgrade air filters to the highest efficiency possible and ensure they are installed properly without gaps.		
Establish a tracking system for the replacement of filters.		
Open windows and doors on opposite ends of the building to help create cross-ventilation. This will allow fresh air to enter one side of the building and stale air to exit from the other. (Only do this on good air days or when pollen counts are low and air quality is good.)		
Make sure ventilation components are not blocked or covered by classroom supplies or plants to allow airflow.		
Open minimum outdoor air dampers (as high as 100%) to reduce or eliminate recirculation. In mild weather, this will not affect thermal comfort or humidity. However, this may be difficult to do in cold or hot weather.		
Measure common comfort parameters (carbon dioxide, humidity, temperature, carbon monoxide) to monitor ventilation.		
Windows		
Open school windows when possible to increase outside air circulation, unless pollen counts are high and/or outdoor air quality poses a health risk, especially for those with asthma. (Check airnow.gov for outdoor air quality information.)		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

ENVIRONMENT Recommended Policies and Practices	Yes	No
CERTIFIED asthma & allergy friendly® Air Cleaners		
Choose air purifiers and cleaners that are CERTIFIED asthma & allergy friendly® to help improve indoor air quality in classrooms and common areas. (Note: asthma & allergy friendly® CERTIFICATION only tests for how well the air cleaners control asthma and allergy triggers. They have not been tested for removal of the new coronavirus. Learn more at: aafa.org/certified)		
Use purifiers and cleaners that are appropriate for the size of the room and have a HEPA filter. (Refer to the EPA's guide on air cleaners in the "Resources" section to learn more about choosing an air cleaner.)		
Turn off the ionizer (ozone) function if the air cleaner has one. It can irritate airways and cause asthma symptoms. Ionizers, ozone generators and plasma have not been found to reduce the spread of the new coronavirus.		
Air Filters		
Replace HEPA air filters on heating or HVAC units every three months, and use CERTIFIED asthma & allergy friendly® air filters if possible.		
Install gaskets or use gasketed filters, which can improve filter effectiveness, if possible.		
Make sure fans can supply adequate air flow through filters. In some cases, this may require upgrading the fan.		
Continue HVAC system maintenance, including filter changes. Suspending maintenance for HVAC systems suspected to be contaminated with COVID-19 is not necessary but be sure additional safety precautions are taken.		
When feasible, disinfect filters with a 10% bleach solution or other appropriate disinfectant approved for use against the new coronavirus. Filters (disinfected or not) can be bagged and disposed of in regular trash.		

How to Create School Spaces That Are Asthma Friendly and Prevent the Spread of the New Coronavirus

ENVIRONMENT Recommended Policies and Practices	Yes	No
Cleaning		
Wear face masks or coverings and gloves when cleaning and disinfecting. Keep the area being cleaned as well-ventilated as possible.		
Use cleaning products that meet EPA disinfection criteria . (Refer to “Resources” section for more information.)		
Clean surfaces first, and then disinfect. Disinfectants do not clean, and cleaners do not appropriately disinfect.		
Disinfect frequently touched surfaces and shared objects after each use or at least daily.		
Increase routine cleaning and disinfection in the school.		
Use bleach products sparingly and dilute per manufacturers’ guidelines and not while students are in the building/room, if possible.		
Use less-irritating cleaners, such as ethyl or isopropyl alcohol, hydrogen peroxide and unscented products, as much as possible.		
Do not allow students to use disinfectant wipes on hard surfaces or themselves.		
Tell teachers not to bring in their own cleaning supplies. Only use approved cleaners from custodial staff.		

Understanding Asthma

WHAT IS ASTHMA?

Asthma affects more than 25 million Americans – 7.7% of adults and 8.4% of children.² It is a chronic disease that causes the airways to become inflamed, making it hard to breathe.

Asthma is the leading chronic disease in children. In 2013, about 13.8 million missed school days due to asthma were reported, making it the top reason for missed school days.³

There is no cure for asthma. The best way to manage asthma is to avoid triggers, take medicine to prevent symptoms and prepare to treat asthma episodes if they occur. For asthma management to be fully successful, it should occur at home, school and in the workplace.

ASTHMA IN CHILDREN

According to the CDC, a classroom of about 30 children will have at least three with asthma. More than 3,500 people die each year from asthma (almost 10 per day). More than 190 of those deaths are children.² Many of these deaths are avoidable with proper treatment and trigger avoidance.

53.8% of children (age <18 years) with asthma had one or more asthma attacks in the past year.

Source: 2018 National Health Interview Survey (NHIS), National Center for Environmental Health, Centers for Disease and Control Prevention

Even students with mild asthma can have life-threatening attacks or episodes. Mild symptoms can turn into a breathing emergency if not identified and treated quickly. Make sure school staff are trained on how to recognize and treat asthma emergencies.

ASTHMA SYMPTOMS

Common symptoms of asthma include:

- Coughing
- Wheezing (a whistling, squeaky sound when you breathe)
- Shortness of breath
- Rapid breathing
- Chest tightness

Asthma symptoms in school-age children may also include:

- Coughing that is constant or made worse by viral infections (this symptom is often overlooked)
- Coughing from exercise or cold air
- Chest tightness (children may say their chest hurts or feels funny)
- Fatigue (the child slows down or stops playing)
- Avoiding sports, exercise or social activities

Emergency asthma symptoms can include:

- Asthma that is getting worse fast
- Severe shortness of breath
- Quick-relief (“rescue”) medicine is not helping
- Breathing is hard and fast
- Skin sucks in around neck or ribs (chest retractions – most common in children)
- Nostrils open wide/flare (most common in children)
- Trouble walking or talking due to shortness of breath
- Lots of coughing
- Shoulders hunched over
- Lips or fingernails are blue (cyanosis – may be visible on lighter skin)

If a student or staff member is experiencing any emergency symptoms, call 911 right away. This is a medical emergency.

ASTHMA ACTION PLANS

An Asthma Action Plan⁷ is a document with instructions on how to manage a student’s asthma. It should be part of the student’s 504 plan or individualized health care plan (IHCP). An Asthma Action Plan tells you:

- Instructions on when and how often a student needs to take their asthma medicines
- Signs and symptoms that mean the student’s asthma is getting worse
- What to do in an emergency including how to access EMS from inside the school building

Encourage parents to get a copy of their child’s Asthma Action Plan and to have school paperwork signed by their child’s doctor during the summer before the new school year begins if possible. With the challenges of COVID-19, it is very likely that paperwork will be submitted later than usual.

An Asthma Action Plan is divided into three zones:



Asthma Green Zone – The student’s asthma is under control. They can do daily activities.



Asthma Yellow Zone – This is a warning zone when the student’s asthma may be getting worse. If they have a cough, mild wheeze, a cold, chest tightness or coughing at night, they are in the Yellow Zone. The plan will tell you which medicine they need to take and how to help them get back to the Green Zone.



Asthma Red Zone – This is the danger zone. They may have trouble walking, talking and eating. They may have chest retractions. **Give them their quick-relief medicine and get medical help immediately.** It’s important!

ASTHMA ACTION PLAN



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Name:	Date:
Doctor:	Medical Record #:
Doctor's Phone #: Day	Night/Weekend
Emergency Contact:	
Doctor's Signature:	

The colors of a traffic light will help you use your asthma medicines.



GREEN means Go Zone!

Use preventive medicine.

YELLOW means Caution Zone!

Add quick-relief medicine.

RED means Danger Zone!

Get help from a doctor.

Personal Best Peak Flow: _____

GO		Use these daily controller medicines:		
<p>You have <i>all</i> of these:</p> <ul style="list-style-type: none"> Breathing is good No cough or wheeze Sleep through the night Can work & play <p>Peak flow:</p> <p>from _____</p> <p>to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	
	For asthma with exercise, take:			
CAUTION		Continue with green zone medicine and add:		
<p>You have <i>any</i> of these:</p> <ul style="list-style-type: none"> First signs of a cold Exposure to known trigger Cough Mild wheeze Tight chest Coughing at night <p>Peak flow:</p> <p>from _____</p> <p>to _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/ WHEN	
	CALL YOUR ASTHMA CARE PROVIDER.			
DANGER		Take these medicines and call your doctor now.		
<p>Your asthma is getting worse fast:</p> <ul style="list-style-type: none"> Medicine is not helping Breathing is hard & fast Nose opens wide Trouble speaking Ribs show (in children) <p>Peak flow:</p> <p>reading below _____</p>	MEDICINE	HOW MUCH	HOW OFTEN/WHEN	

GET HELP FROM A DOCTOR NOW! Your doctor will want to see you right away. It's important! If you cannot contact your doctor, go directly to the emergency room. DO NOT WAIT.

Make an appointment with your asthma care provider within two days of an ER visit or hospitalization.

PLAN DE ACCIÓN PARA EL ASMA

Nombre:	Fecha:
El doctor/La doctora:	Número de registro médico:
El número de teléfono del doctor o doctora durante el día:	Durante la noche y el fin de semana:
El contacto de emergencia:	
Firma de doctores:	



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Los colores del señal de tráfico pueden ayudar usar los medicamentos de asma.



VERDE significa la zona para ir!
Usa medicina preventiva.

AMARILLO significa zona de precaución!
Agrega medicina de alivio rápido.

ROJA significa zona de peligro!
Get help from a doctor.

Mejor flujo máximo personal: _____

VAYA Utilice estos medicamentos de control diario:

<p>Tiene todos estos:</p> <ul style="list-style-type: none"> • La respiración es buena • No toz o silbido/resuello • Duerme durante la noche • Puede trabajar y jugar 	<p>Flujo máximo:</p> <p>De _____ a _____</p>	MEDICINA	CUÁNTO/ QUE CANTIDAD	CON QUÉ FRECUENCIA/ CUÁNDO
		PARA ASMA CON EJERCICIO, UTILICE:		

PRECAUCIÓN Continúe con la medicina de la zona verde y añada:

<p>Si tiene alguno de estos:</p> <ul style="list-style-type: none"> • Tos • Silbido/Resuello leve • Pecho apretado • Tos por la noche • Primeras señales de un resfriado • Exposición a un desencadenador conocido 	<p>Flujo máximo:</p> <p>De _____ a _____</p>	MEDICINA	CUÁNTO/ QUE CANTIDAD	CON QUÉ FRECUENCIA/ CUÁNDO
		LLAME A SU DOCTOR O DOCTORA DE ASMA.		

PELIGRO Tome estos medicamentos y llame a su doctor/doctora ahora.

<p>Su asma está empeorando rápidamente:</p> <ul style="list-style-type: none"> • La medicina no esta ayudando • La respiración es difícil y rápida • La nariz se abre ampliamente • Dificultad para hablar 	<p>Flujo máximo:</p> <p>Numeros debajo de/ menos de _____</p>	MEDICINA	CUÁNTO/ QUE CANTIDAD	CON QUÉ FRECUENCIA/ CUÁNDO

OBTEN AYUDA DE UN DOCTOR O DOCTORA AHORA! Su doctor o doctora querrá verle en seguida. Es importante! Si no puede comunicarse con su doctor o doctora, vaya directamente a la sala de emergencia. NO ESPERE. Haga una cita con su proveedor de cuidado del asma dentro de dos días de una visita de urgencias (ER) o hospitalización.

Asthma-Friendly School Settings

ENVIRONMENTAL CONTROL

Avoiding or reducing asthma triggers plays an important role in managing asthma. Students, teachers and staff alike may experience asthma symptoms when they are exposed to triggers. Trigger reduction strategies can help everyone, even people without asthma, breathe easier.

ASTHMA TRIGGERS

Common triggers found or that occur in schools include:

- Respiratory illness, such the common cold or flu
- Cockroaches
- Rodents
- Mold
- Harsh cleaning chemicals or pesticides
- Personal care products like perfume
- Air fresheners
- Physical activity (exercise)
- Strong emotions like stress or crying

Reduce asthma symptoms and episodes by taking steps to eliminate or reduce asthma triggers in your school. Many triggers can be managed with no-cost or low-cost solutions, such as [integrated pest management strategies](#), repairing water leaks to stop the growth of mold and switching cleaning products.

The AAFA checklist in this toolkit will help you with controlling triggers in your school. The CDC's [Initiating Change: Creating an Asthma-Friendly School](#) also has some information on the importance of asthma-friendly schools.



THE IMPORTANCE OF THE FLU VACCINATION DURING COVID-19

Efforts to reduce the spread of COVID-19, such as stay-at-home and shelter-in-place orders, have led to decreased use of routine preventive medical services, including [immunization services](#). Ensuring that people continue or start getting routine vaccinations during the COVID-19 pandemic is essential for protecting people and communities from vaccine-preventable diseases and outbreaks, including flu. Routine vaccination prevents illnesses that lead to unnecessary medical visits and hospitalizations, which further strain the health care system.⁸

For the upcoming flu season, flu vaccination (flu shot) will be very important to reduce the flu because it can help reduce the overall impact of respiratory illnesses in your district, and in turn lessen the burden on the health care system during the COVID-19 pandemic.

A flu shot may also provide [several individual health benefits](#), including keeping you from getting sick with the flu, reducing the severity of your illness if you do get flu and reducing your risk of a flu-associated hospitalization.

Who Should Get The Flu Vaccine

People with asthma are at high risk of developing serious complications from the flu, even if their asthma is well-controlled. People with asthma already have sensitive and swollen airways, and the flu can increase this swelling. Flu infections are a common asthma trigger for both children and adults.⁹

According to the CDC, flu vaccination is the best protection against flu. The flu vaccine is updated each season to keep up with the changing virus. Immunity wanes after about a year, so a yearly vaccine is recommended for continued protection.

With a few exceptions, all people over age 6 months should get a flu vaccine.

The flu vaccine does not contain the live virus and cannot give you the flu. All school staff and students should get a flu vaccine to avoid the spread of the virus. According to CDC guidelines:

- **Injectable influenza vaccines** (or flu shots) are approved for use in people 6 months and older regardless of whether or not they have asthma or other health conditions. Flu shots have a long-established safety record in people with asthma.
- **The nasal spray vaccine** (or LAIV) is an option for use in people 2 through 49 years old who are not pregnant, but [people with certain chronic medical conditions \(such as asthma\) should generally not receive LAIV](#).
 - People of any age with asthma might be at increased risk for wheezing after getting the nasal spray flu vaccine and should talk to their doctor before getting the nasal spray vaccine.
 - Children 2 to 4 years old who have asthma or who have had a history of wheezing in the past 12 months should not get the nasal spray vaccine.
- **For people with an egg allergy**, the injectable vaccines are considered safe for people. If you prefer, there are two flu vaccinations available that are considered egg-free, [Flublok Quadrivalent](#) (licensed for use in adults 18 years and older) and [Flucelvax Quadrivalent](#) (licensed for use in people 4 years and older)¹⁰

In a few [rare cases](#), people should not get the flu vaccine.¹¹

Encourage parents and guardians to talk to their health care providers about which vaccination option is best for their child. School staff should also talk with their health care provider regarding vaccination options.

Pneumococcal Vaccine

The CDC also recommends that people with asthma be up to date with pneumococcal vaccination to protect against pneumococcal disease, such as pneumonia, meningitis and blood stream infections. Pneumococcal pneumonia is an example of a serious flu-related complication that can cause death.¹²

Encourage parents and guardians to talk to their health care providers about which vaccination option is best for their child. School staff should also talk with their health care providers regarding vaccination options.

COVID-19 (SARS-CoV-2) Vaccines

To date, there is no vaccine available for SARS-CoV-2. It is possible that a vaccine will become available during the 2020-2021 school year.

School staff and the parents and guardians of students may be concerned about the safety and efficacy of a vaccine that is new and created and tested so quickly. It will be important for schools to follow upcoming vaccine guidance developed by the CDC, and to implement an awareness and educational campaign to encourage staff and students to get the vaccine. The vaccine will be the best way to stop the spread of the new coronavirus and to protect those who are at higher risk for complications.



Photo credit: SELF Magazine via flickr, Creative Commons (CC BY 2.0)

INDOOR AIR QUALITY

Students and staff spend most of their days inside a school building without the ability to control the air they breathe. They depend on schools to provide the healthiest indoor air quality (IAQ) possible. Allergens, asthma triggers, chemicals and volatile organic compounds (VOCs) are common in many school buildings and create poor IAQ.

Reducing triggers, allergens and irritants is a key part of asthma control. Unhealthy IAQ can lead to more asthma symptoms, which can lead to more missed school days and even hospital stays. Children with uncontrolled asthma will struggle to learn and could fall behind academically.

Schools can make changes to improve IAQ – many of them for little cost. For example, clean with non-scented and less harsh chemicals. Don't keep furry pets in the classrooms to reduce pet dander. Fix leaks quickly to reduce the chance of mold. Place CERTIFIED **asthma & allergy friendly**[®] air cleaners in classrooms with children or teachers with asthma. Improving IAQ not only creates a healthier school, but it promotes better learning as well.

If you do run air cleaners in school rooms, make sure they do not have an ionizer (ozone) function. Or if they do, make sure you can turn the function off. Ionizers and ozone can trigger asthma symptoms and have not been proven to remove the virus that causes COVID-19 from the air.¹³

Teachers and staff should not bring in cleaning or disinfecting products from home to avoid the risk of mixing chemicals. Only district approved and provided products should be used. Children should not be permitted to clean any hard surfaces in the educational space.

These cleaning solutions will kill the virus that causes COVID-19 when used properly:

- Undiluted rubbing alcohol (at least 60% ethyl alcohol or 70% isopropyl alcohol) – Leave on surface for at least 30 seconds.¹⁴
- Hydrogen peroxide 3% concentration – Leave on surface for 1 minute.¹⁵
- Bleach (5 tablespoons or 1/3 cup per gallon of water OR 4 teaspoons per quart of water) with a sodium hypochlorite concentration of 5%-6% – Leave on surface for 1 minute.¹⁶

For a list of more cleaners, see the [full list of EPA-registered disinfectants for use against the new coronavirus](#).

Running your school's HVAC system may also help control the spread of the new coronavirus. It can reduce the amount of SARS-CoV-2 (the virus that causes COVID-19) in the air.¹⁷

ACCESS TO QUICK-RELIEF ASTHMA MEDICINE (ALBUTEROL)

Quick-relief or “rescue” asthma medicine is used at the first sign of symptoms to treat asthma episodes (attacks) and avoid breathing emergencies. Albuterol is the most common type of quick-relief medicine. It works quickly to open the airways.

Access to emergency medicine during an asthma episode or attack is critical for staff and students. Symptoms can start suddenly or get worse quickly if asthma is not controlled. Because of this, people with asthma need immediate access to their quick-relief medicine (albuterol). They need to carry their quick-relief medicine with them at all times according to state guidelines and in consultation with the school nurse.

Quick-relief medicine needs to be easily accessible to students throughout the school day, while riding on school-based transportation, and during before- and after-school activities. Students in every state have the right to self-carry their medicine. Some children, especially younger children, likely will need help and supervision when administering the medicine.

According to [AAFA's 2019 State Honor Roll Report of Asthma and Allergy Policies for Schools](#), all 50 states and the District of Columbia have policies that state all students have the right to self-carry and self-administer prescribed asthma medicine. Encourage parents/guardians to talk to their doctors to ask if their students can carry and take their medicine without help from a school nurse or trained staff. Inform the parents/guardians of your state's and school district's specific policies and requirements. Provide the correct authorization forms needed for students to self-carry and self-administer.

You may also ask/require parents/guardians send a second inhaler to keep at the school with the child. This can be helpful if the child tends to forget to bring their medicine or is very young and is not mature enough to self-carry. See page 31 for a sample letter you can send home to parents requesting a second inhaler and spacer or valved holding chamber, if the child uses one.

STOCKING UNDESIGNATED ALBUTEROL

Currently, 15 states have laws or guidelines that allow schools to keep stock albuterol to treat students and staff who have asthma episodes or attacks. Having albuterol in stock is important to students who may not have their quick-relief medicine with them or have an asthma attack for the first time. To find out if your state allows albuterol stocking, check [AAFA's 2019 State Honor Roll Report](#). Schools may choose to stock metered dose inhalers (MDIs) or liquid albuterol to be used with a nebulizer. Tell parents/guardians about your school's stock albuterol policies.

USING INHALERS AND SPACERS INSTEAD OF NEBULIZERS TO PREVENT THE SPREAD OF THE NEW CORONAVIRUS

According to the CDC, [people with asthma should use inhalers with spacers](#) (with or without a face mask, according to each student's personal treatment plan) instead of nebulizer treatments whenever possible during the COVID-19 pandemic. Based on limited data, the use of asthma inhalers (with or without spacers or face masks) does not appear to release coronavirus particles into the air.

A spacer or valved holding chamber is recommended when using an MDI.). It is best for students to have two spacers, one for home and one for school. If a student does not have their own spacer, consider using [cardboard spacers](#), [disposable mouthpieces](#) or a plastic [Inflocone™](#). The American Lung Association's [Model Policy for School Districts: Stock Bronchodilators](#) recommends using inhalers with disposable spacers or mouthpieces.

EXERCISE

It is important that students with asthma exercise to maintain overall good health. But exercise can be a trigger and should be expected in every student with asthma.

A long, slow warm-up and cool down can help prevent asthma symptoms during exercise. Physical activity that includes time to take breaks can help as well. The student's health care provider may recommend that the student use a quick-relief inhaler 15 to 30 minutes before exercise to help avoid asthma symptoms. Work with the student's parents or guardians to ensure the order is on file or listed on the Asthma Action Plan.

Learn how to identify, diagnose and manage [exercise-induced asthma](#).

[AAFA's Tackle Asthma Playbook](#) can help kids with asthma learn how to be active and healthy.

SEPTEMBER ASTHMA EPIDEMIC

When kids and staff return to school in late August and early September, they are exposed to asthma and allergy triggers in their school buildings, as well as respiratory viruses. Ragweed pollen and mold spores are also high this time of year. This leads to what is called the *September Asthma Epidemic* – an annual spike in emergency room visits for asthma typically around the third week of September. This is also known as *Asthma Peak Week*.

Schools should be aware of the heightened risk of asthma episodes during September.

COVID-19 PROTOCOLS

To protect students and staff from the spread of the new coronavirus, schools will need to develop and implement new health and safety protocols.

School Nurses

School nurses are frontline health care providers and are critical to safely reopening schools. AAFA stands with the National Association of School Nurses (NASN) in advocating for at least one dedicated school nurse in every school, especially during the coronavirus pandemic. School nurses are critical when watching for and monitoring symptoms and administering medicines. They can support the psychosocial needs of students while also being culturally aware. They work closely with their public health colleagues to track data and follow best practices.

Emotional and Mental Health Support

Providing emotional and mental health support for students is crucial to ensuring a supporting learning environment for all students, especially during the current pandemic. Every school should have a dedicated school nurse, counselor or social worker available to help students during school hours.

Students have been expected to adjust to online learning and the feelings of isolation that come with not being able to socialize with friends or visit family members. Some students may have served as caregivers or lost loved ones to COVID-19. This uncertainty, anxiety and grief can all take a toll on a student's mental and emotional health. The stress, anxiety and grief caused by the COVID-19 may exacerbate asthma symptoms, especially in students with poorly controlled asthma.

Students may show less interest in learning or display uncharacteristic displays of anger, frustration, or sadness.

Students may react differently to stress and grief based on their age. According to the CDC, adolescents may also experience grief in ways that are both similar to and different than children and adults. Adolescents may experience significant changes in their sleep patterns, isolate themselves more, frequently appear irritable or frustrated, withdraw from usual activities, or engage more frequently with technology. It is important for parents or caregivers to engage with their adolescents over their grief to promote healthy coping and acceptance. Parents may also need to obtain mental health services for the adolescent and family to deal with grief.¹⁸

Improving Air Ventilation and Quality

To ensure proper air ventilation and quality, schools should use purifiers and cleaners that are appropriate for the size of the room by evaluating the clean air delivery rate (CADR). If the CADR is too low for a room, it will be ineffective. Schools should also evaluate air filters on Minimum Efficiency Reporting Values (MERVs), which report a filter's ability to capture larger particles. The general rule of thumb is the higher the MERV, the more effective the filter

is at trapping certain particles, with HEPA filters having an MERV of more than 13.¹⁹ Analyses suggest that portable HEPA filters with CADR > 250 standard cubic feet per minute (SCFM) can effectively remove fine particles that may contain viruses in typical K-12 classrooms.²⁰

AAFA recommends keeping HVAC systems running as much as possible to reduce the airborne concentrations of the new coronavirus and reduce the risk of transmission through the air. Additionally, it is important to maintain a schedule to evaluate and change air filters since effectiveness declines as filters age. This schedule can be determined by manufacturers' recommendations, pressure drop measurements, or on a time schedule (e.g., once every 3 months).

The risks associated with handling filters contaminated with coronaviruses in ventilation systems under field-use conditions have not been evaluated. However, it is recommended that HVAC system maintenance, including filter changes, continue but with additional safety precautions.¹⁰ Workers performing maintenance and/or replacing filters on any ventilation system should wear appropriate personal protective equipment (PPE), including a properly-fitted respirator (N95 or higher), eye protection (safety glasses, goggles, or face shield) and disposable gloves. When tasks are completed, maintenance personnel should immediately wash their hands with soap and water or use an alcohol-based hand sanitizer.

Physical Distancing

Schools should ensure appropriate physical distancing in classrooms, common areas, administrative offices, and on transportation to and from school.

Space chairs and desks so students can sit 6 feet apart. Desks should all face one direction, or all students should sit on one side of a table to make sure they are not facing each other directly. Also consider staggering attendance if there is not enough space in classrooms to safely distance students and staff.

On school buses, seat one child per row and skip rows. If a student takes public transportation to school, parents should remind them to follow similar distancing practices and to avoid touching their face, mouth and eyes before they can properly wash their hands.

Handwashing: Access to Bathrooms and Handwashing Stations

Handwashing is one of the most effective ways to prevent the spread of germs. The CDC recommends that schools teach and reinforce handwashing with soap and water for at least 20 seconds. They also suggest schools monitor handwashing among students and staff. Good hand hygiene is critical to slow the spread of the virus that causes COVID-19 and to ensure the health and safety of students with asthma and other high-risk conditions.²¹

Because of COVID-19, schools need to provide greater access to handwashing. AAFA recommends your school set aside time throughout the day to allow supervised visits for students to use the restroom and/or handwashing stations in the classroom or elsewhere in the school. To ensure safety in restrooms, implement educator supervision/hall-bathroom monitors or assign Parent Assistant Leaders (PALs) to monitor the restrooms.

Students should wash their hands:

- When they arrive at school
- Before and after eating
- After blowing their nose, coughing or sneezing

Where possible, AAFA recommends increasing the number of handwashing stations in classrooms and throughout the school. This can create more opportunities for students and staff to wash their hands.

Review proper handwashing technique as recommended by the CDC with students and staff daily. Post signs to remind students and staff about the correct way to wash their hands. Post them in restrooms, by handwashing stations and other high-traffic areas. As appropriate, especially in elementary schools, monitor student handwashing and help as needed.

When soap and water are not available, the CDC recommends using hand sanitizer with at least 60% ethyl alcohol or 70% isopropyl alcohol. Like handwashing, go over proper usage with students and staff.²²

Apply the amount of hand sanitizer as directed on the label. Rub it over all surfaces of hands and fingers for at least 20 seconds until hands are dry. Do not wipe off excess.

Hand sanitizers can be dangerous if ingested. Use should be monitored by staff, especially in pre-K/elementary and certain special needs school settings.²³

Face Masks or Coverings

Studies have shown people can spread the new coronavirus when they do not have symptoms (pre-symptomatic or asymptomatic). The purpose of wearing a mask or face covering is to keep someone with the virus from spreading it to other people. Wearing masks is now seen as the best way to prevent spreading the virus.

According to the CDC, the coronavirus that causes [COVID-19 spreads from person to person](#).²⁴ It can spread through droplets from the nose or mouth when you are less than 6 feet apart.

The CDC and the World Health Organization (WHO) recommend that masks or fabric face coverings are worn in public where you can't keep a proper distance from other people. The WHO recommends wearing a fabric mask that allows you to breathe while talking and walking quickly.²⁵

A face covering or mask may not be best for everyone. According to the CDC, these people should not wear face coverings or masks:

- Children under age 2
- Anyone who has trouble breathing
- Anyone who is unconscious, unable to help themselves or can't remove the mask on their own

Masks or face coverings should fit well and allow for the person wearing it to be able to breathe and walk at the same time. Avoid elastic ear loops if there is a latex allergy.

The WHO recommends three layers:

- An outer water-resistant layer (such as polyester or polyester blend)
- A middle layer of non-woven fabric (such as polypropylene)
- An inner layer of cotton

If staff members or students are having trouble wearing face coverings or masks, suggest they try a different fabric or fit. Face masks or coverings made from 100% cotton T-shirts or fabric maybe more comfortable than other materials. Wearing some kind of breathable face covering is better than nothing. A face mask or covering that goes across the nose and hangs down freely to shield the nose and mouth is better than no protection. Remind students not to touch the face covering or mask while wearing it to avoid contamination.

Breaks should be offered often for students to remove face masks or covering when students can physically distance 6 feet apart, preferably outside.

If a student or staff member cannot wear a face mask or covering because of severe asthma or breathing distress, they can protect themselves in other ways by:

- Monitoring possible asthma, allergy, flu and COVID-19 symptoms using the “Is It COVID-19, the Flu, a Cold or Allergies?” chart on page 29
- Staying home as much as possible, especially if experiencing any symptoms
- Taking breaks during the day
- When in school, keeping a distance from others (physical distancing of 6 feet)
- Washing hands often for 20 seconds
- Avoiding or limiting close contact with people who are sick
- Cleaning and disinfecting surfaces at school (and at home) regularly, especially items that are touched often

AAFA recommends that people with asthma try to find a face covering that is comfortable and breathable.

How the face mask or covering is worn, removed and cleaned is important. It should fully cover the mouth, nose, chin and beard. Make sure there are no gaps between the face covering or mask and the skin.

Follow these steps when putting on and removing a face covering or mask:

1. Wash your hands or use hand sanitizer before putting on a face covering or mask.
2. Avoid touching the face covering or mask while using it.
3. If your face covering or mask gets damp, replace it with a clean one.
4. Remove the mask by the ear loops or ties, trying to not touch the parts of the mask that touch your face.
5. Wash your hands or use hand sanitizer.
6. Wash fabric face coverings in hot, soapy water right away. Throw away disposable masks immediately.

The school nurse should talk with the parents or guardians of students with asthma to discuss if the student can wear a face mask or covering and for how long, as well as which face mask or covering will work best for that student's individual needs.

AAFA's blog [“What People With Asthma Need to Know About Face Masks and Coverings During the COVID-19 Pandemic”](#) provides updated guidance on wearing face masks and coverings.²⁶

Face Coverings for Younger Students

Evidence showing how kindergarten and early elementary students may contribute to transmitting the virus that causes COVID-19 has not been well established. Language development in this age group is crucial, and their compliance with wearing a mask or face covering may be understandably low. If possible, limit the wearing of face coverings to walking in hallways and riding the bus to and from school.²⁷

Exemptions for Masks and Face Coverings

Students with special needs, including autism and development delays should be reviewed on an individual basis.

School nurses should discuss a student's ability to wear a face mask or covering with the student's parents or guardians. Determine if a note from the student's health care provider stating they can or cannot wear a mask or face covering is needed.

Symptom and Temperature Monitoring

Students and staff should still stay home at the first sign of symptoms or illness. Strongly encourage staff and students who are sick, or who have recently had contact with a person with COVID-19, to stay home. Monitor symptoms for any student, staff and volunteers (if permitted in your school/district) entering the school building daily.

According to the CDC and the World Health Organization (WHO), common COVID-19 symptoms can include:²⁸

- Fever
- Chills
- Cough
- Shortness of breath or trouble breathing
- Feeling tired and weak
- Repeated shaking with chills
- Muscle or body aches
- Headache
- New loss of taste or smell
- Sore throat
- Stuffy or runny nose
- Headache
- Diarrhea or nausea

Other symptoms reported are:

- Pinkeye
- Painful blue or purple lesions on toes (COVID toes)
- Hives or rashes

Most children tend to have mild COVID-19 symptoms that are similar to a cold. They may have:

- Fever
- Cough
- Vomiting and diarrhea

Symptoms that require emergency treatment immediately include:

- Trouble breathing or shortness of breath
- Pain or pressure in the chest that doesn't go away
- Newly confused or can't wake up
- Bluish tint on lips, face or fingernails

According to the CDC, this list may not include all symptoms. If students or staff have any severe or concerning symptoms, contact the parent or doctor immediately. If there isn't consent on file to call the doctor, ask the parent to call their health care provider to give verbal permission to allow communications to take place between provider and school nurse. When in doubt, alert EMS.

There are many similar symptoms among COVID-19, a cold, the flu and seasonal allergies. Use AAFA's "Is It COVID-19, the Flu, a Cold or Allergies?" symptom comparison chart to help determine if staff or a student may be feeling symptoms of allergies or a respiratory illness like COVID-19. If staff or students have a fever and a cough, they should call their doctor and not attempt to go to school. The American Academy of Pediatrics also recommends that schools set aside a room to be able to isolate a student who may become ill during the school day. This may be a requirement for your state. Having a second separate room where students can isolate to take asthma medications is ideal but may not be possible.

Symptoms of asthma and COVID-19 may also overlap, such as cough and shortness of breath. The CDC recommends that students experiencing asthma attacks not attend school without approval by a doctor. If the student does not have doctor or medical home, the school nurse or social services can help find low-cost or free access to medical care.

Print AAFA's chart "Is It COVID-19, the Flu, a Cold or Allergies?" chart (available in English and Spanish) on card stock and hand it out to staff, parents and students to remind them about how to prevent the spread of the new coronavirus. Pre-printed copies are available to order at aafa.org/covid-chart.



Stop the Spread of COVID-19



WASH YOUR HANDS often with soap and water for 20 seconds.



USE HAND SANITIZER with at least 60% ethyl alcohol or 70% isopropyl alcohol when handwashing is not available.



WEAR A MASK or fabric face covering.



STAY AT LEAST 6 FEET APART.



STAY HOME IF YOU'RE SICK.

IS IT COVID-19, THE FLU, A COLD OR ALLERGIES?

Symptoms	Coronavirus* (COVID-19) Symptoms range from mild to severe	Cold Gradual onset of symptoms	Flu Abrupt onset of symptoms	Seasonal Allergies Abrupt onset of symptoms
Length of symptoms	7-25 days	Less than 14 days	7-14 days	Several weeks
Cough	Common (usually dry)	Common (mild)	Common (usually dry)	Rare (usually dry unless it triggers asthma)
Shortness of breath	Sometimes	No**	No**	No**
Sneezing	No	Common	No	Common
Runny or stuffy nose	Rare	Common	Sometimes	Common
Sore throat	Sometimes	Common	Sometimes	Sometimes (usually mild)
Fever	Common	Short fever period	Common	No
Feeling tired and weak	Sometimes	Sometimes	Common	Sometimes
Headaches	Sometimes	Rare	Common	Sometimes (related to sinus pain)
Body aches and pains	Sometimes	Common	Common	No
Diarrhea	Sometimes	No	Sometimes for children	No
Chills/repeated shaking	Sometimes	No	Sometimes	No
Loss of taste or smell	Sometimes	Rare	Rare	Rare

Your symptoms may vary. *Information is still evolving. **Allergies, colds and flus can all trigger asthma, which can lead to shortness of breath. COVID-19 is the only one associated with shortness of breath on its own.

Sources: Asthma and Allergy Foundation of America, World Health Organization, Centers for Disease Control and Prevention. edited 4/29/20 • aafa.org/covid19

Detener la propagación del COVID-19



LÁVESE LAS MANOS con frecuencia y con agua y jabón durante 20 segundos.



USE GEL DESINFECTANTE por lo menos 60% alcohol etílico o 70% alcohol isopropílico si no pueda lavarse las manos.



USE UNA MÁSCARA o cubrebocas de tela para cubrir la boca y la nariz.



MANTENGA UNA DISTANCIA DE AL MENOS 6 PIES (1,83 M).



QUÉDESE EN SU CASA SI ESTÁ ENFERMO.



Asthma and Allergy Foundation of America

aafa.org/covid19

¿PUEDE SER EL COVID-19, LA GRIPE, UN RESFRIADO, O ALERGIAS?

Síntomas	Coronavirus* (COVID-19) Los síntomas varían de leves a graves.	Resfriado inicio gradual de los síntomas	Gripe inicio abrupto de los síntomas	Alergias temporadas inicio abrupto de los síntomas
Duración de los síntomas	7-25 días	Menos de 14 días	7-14 días	Varias semanas
Tos	Frecuente (normalmente seca)	Frecuente (leve)	Frecuente (normalmente seca)	Raro (normalmente seca a menos que desencadene asma)
Falta de aire	A veces	No**	No**	No**
Estornudos	No	Frecuente	No	Frecuente
Congestión o goteo nasal	Raro	Frecuente	A veces	Frecuente
Dolor de garganta	A veces	Frecuente	A veces	A veces (normalmente leve)
Fiebre	Frecuente	Corto período de fiebre	Frecuente	No
Fatiga o debilidad	A veces	A veces	Frecuente	A veces
Dolor de cabeza	A veces	Raro	Frecuente	A veces (relacionado con dolor sinusal)
Dolor corporal	A veces	Frecuente	Frecuente	No
Diarrea	A veces	No	A veces ocurre en niños	No
Escalofríos	A veces	No	A veces	No
Pérdida del sentido del gusto u olfato	A veces	Raro	Raro	Raro

Sus síntomas pueden variar. *La información sigue evolucionando. **Las alergias, los resfriados, y la gripe pueden desencadenar los síntomas del asma, lo cual puede provocar falta de aire. El COVID-19 es la única enfermedad en esta lista que por sí sola puede causar la falta de aliento.

Fuentes: Asthma & Allergy Foundation of America, World Health Organization, Centers for Disease Control & Prevention
6/1/20 • aafa.org/covid19

Sample Letter Asking Parents for Second Inhaler and Spacer

Dear _____ (parent/guardian name),

My name is _____, and I am the school nurse at _____ (school name). I am writing you because your child, _____ (student's name), is a student at our school, and our records show they have asthma.

Children with asthma may be at high risk for complications from the new coronavirus, so keeping their asthma well-controlled is more important than ever. Asthma symptoms can happen anywhere, including during the school day or during before/after school activities.

Quick-relief ("rescue") asthma medicines (albuterol) should be available for your child to use at home, school and any other place your child may visit. We recommend students have a quick-relief inhaler that is only for school use throughout the year, along with a written Asthma Action Plan that explains which medicines your child takes and how to manage symptoms. I have attached our school's approved Asthma Action Plan you can have your child's doctor fill out.

If you do not have an extra quick-relief inhaler on hand, please ask your doctor for a prescription for an extra inhaler to be stored at school. Or if your child is able to carry and use their medicine correctly on their own, have them bring their inhaler to and from school. Due to the new coronavirus, nebulizers will not be used in our school unless absolutely necessary since they can spread the virus into the air.

Also, due to the new coronavirus, it would be best if your child also had their own spacer or valved holding chamber and peak flow meter at school so students do not have to share. Talk with your child's doctor and insurance company to make sure they will cover two devices: one for home and one for school.

Here is a list of what to ask your child's doctor to provide for this school year:

- An updated written Asthma Action Plan
- A quick-relief inhaler dedicated for school use only
- A spacer or valved holding chamber dedicated for school use
- A peak flow meter dedicated for school use

Contact [insert name of school nurse] if you are having difficulty getting any of these items on the list.

Doctors' offices get very busy at the start of the school year, so the sooner you ask for these items, the easier it will be to get them. Having these items will help us manage your child's asthma while they are in school.

Sincerely,

Resources

AAFA RESOURCES

Asthma Overview - aafa.org/asthma

School Resources - aafa.org/school

Asthma Action Plans - aafa.org/actionplan

Exercise-Induced Asthma - aafa.org/exercise-induced-asthma

Tackle Asthma Playbook - aafa.org/tackle-asthma

State Honor Roll of Asthma and Allergy Policies for Schools - statehonorroll.org

Improving Inhaler Technique - community.aafa.org/blog/improper-inhaler-use-can-affect-asthma-control

September Asthma Epidemic and Asthma Peak Week

community.aafa.org/blog/September-Asthma-Epidemic

community.aafa.org/blog/September-Asthma-Peak-brace-yourselves-the-biggest-week-for-asthma-attacks-is-coming

community.aafa.org/blog/schools-can-be-a-major-source-of-asthma-and-allergy-triggers-for-students-and-teachers

COVID-19

Coronavirus (COVID-19): What People With Asthma Need to Know - aafa.org/covid19

Protecting Your Hands From Eczema During Coronavirus and Flu Outbreaks - community.aafa.org/blog/eczema-wash-hands-coronavirus-covid19-prevention

Please Don't Stop Taking Your Asthma Medicines Due to the Coronavirus - a guest blog post from Dr. Mitchell Grayson - community.aafa.org/blog/please-don-t-stop-your-asthma-medicines-an-editorial-from-dr-mitchell-grayson-on-coronavirus-covid-19

Albuterol Inhaler Shortage Due to COVID-19 Could Impact People With Asthma - community.aafa.org/blog/albuterol-inhaler-shortage-due-to-covid-19-could-impact-people-with-asthma

Why Healthy Indoor Air Quality Is Important When Spending More Time Indoors Due to COVID-19 - community.aafa.org/blog/why-healthy-indoor-air-quality-is-important

What People With Asthma Need to Know About Face Masks and Coverings During the COVID-19 Pandemic - community.aafa.org/blog/what-people-with-asthma-need-to-know-about-face-masks-and-coverings-during-the-covid-19-pandemic

RESOURCES FOR SCHOOL NURSES

Asthma Management Education Online, an asthma education course for nurses and respiratory therapists - aafa.org/ameo

National Association of School Nurses - nasn.org

Hand Sanitizers: Keep Children Safe from Poisoning Risk - healthychildren.org/English/safety-prevention/at-home/Pages/Keep-Hand-Sanitizer-Out-of-Childrens-Reach.aspx

VIDEOS, INFOGRAPHICS, POSTERS AND RESOURCES ON HOW TO WEAR A MASK

World Health Organization Coronavirus disease (COVID-19) advice for the public: When and how to use masks - [who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks?gclid=Cj0KCQjwudb3BRC9ARIsAEa-vUtBbAUIyoGWmAb4h2pqeXEXJPk3w2RJVPFFT_qJBiJVHij4i-MH3sUaAjNcEALw_wcB](https://www.who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks?gclid=Cj0KCQjwudb3BRC9ARIsAEa-vUtBbAUIyoGWmAb4h2pqeXEXJPk3w2RJVPFFT_qJBiJVHij4i-MH3sUaAjNcEALw_wcB)

CDC How to Wear Cloth Face Coverings - [cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html](https://www.cdc.gov/coronavirus/2019-ncov/prevent-getting-sick/how-to-wear-cloth-face-coverings.html)

CDC poster How to Safely Wear and Take Off a Cloth Face Covering - [cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf](https://www.cdc.gov/coronavirus/2019-ncov/downloads/cloth-face-covering.pdf)

COVID-19 AND REOPENING GUIDANCE FOR SCHOOLS

COVID-19 Considerations for Schools (CDC) - [cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools.html)

COVID-19 Planning Considerations: Guidance for School Re-entry (American Academy of Pediatrics) - services.aap.org/en/pages/2019-novel-coronavirus-covid-19-infections/clinical-guidance/covid-19-planning-considerations-return-to-in-person-education-in-schools

COVID-19 FAQs for Administrators, Teachers, and Parents - [cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/schools-faq.html)

Implementing COVID-19 Temperature Checks (The National Law Review) - [natlawreview.com/article/implementing-covid-19-temperature-checks-light-cdc-s-and-osha-s-silence-what](https://www.natlawreview.com/article/implementing-covid-19-temperature-checks-light-cdc-s-and-osha-s-silence-what)

COVID-19 Resources (National School Board's Association) - [community.nsba.org/covid-19](https://www.community.nsba.org/covid-19)

School Reopening Checklist (CDC) - [cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf](https://www.cdc.gov/coronavirus/2019-ncov/community/schools-childcare/Schools-Decision-Tree.pdf)

COVID-19 Recovery: Reopening Guidance (Missouri School Board Association) - ams.embr.mobi/Documents/DocumentAttachment.aspx?C=ZfON&DID=GJGDM

Guidelines for Reopening Schools from the AASA COVID-19 Recovery Task Force (The School Superintendents Association - AASA) - [aasacentral.org/guidelines-for-reopening-schools](https://www.aasacentral.org/guidelines-for-reopening-schools)

Return to School Roadmap (Opportunity Labs) - returntoschoolroadmap.org/

A Blueprint for Back to School (American Enterprise Institute) - [aei.org/research-products/report/a-blueprint-for-back-to-school](https://www.aei.org/research-products/report/a-blueprint-for-back-to-school)

Guidelines for Re-entry into the School Setting During the Pandemic: Managing the Social-Emotional and Traumatic Impact (North American Center for Threat Assessment & Trauma Response - NACTATR) - nactatr.com/news/guidere-entry.html

Seven Steps to Sending Elementary Kids Back to School and Parents Back to Work (The School Superintendents Association - AASA) - [aasa.org/policy-blogs.aspx?id=44725&blogid=84002](https://www.aasa.org/policy-blogs.aspx?id=44725&blogid=84002)

RESOURCES FOR SCHOOL SUPPORT STAFF

Guidance for School Bus Drivers (American Federation of Teachers) - aft.org/sites/default/files/covid19_info_buscleaning.pdf

Guidance for School Custodians (American Federation of Teachers) - aft.org/sites/default/files/covid19-tips-custodians032320.pdf

Guidance for School Support Staff (American Federation of Teachers) - aft.org/sites/default/files/covid19-essential-supportstaff.pdf

Guidance for Environmental Services (American Federation of Teachers) - aft.org/sites/default/files/covid19_evs_cleaningchecklist.pdf

Coronavirus (COVID-19) tips (Nemours Children's Health System) - kidshealth.org/en/parents/coronavirus-teachers.html

Guidance for School Custodians (New York Department of Education) - uft.org/sites/default/files/attachments/coronavirus-updated-cleaning.pdf

Guidance for School Custodians (United Federation of Teachers) - uft.org/news/updated-coronavirus-cleaning-protocol-custodial-engineers

INDOOR AIR QUALITY (IAQ) RESOURCES

Information and Referral Clearinghouse (Healthy School Network) - healthyschools.org/Clearinghouse

IAQ Problem Solving Tool (EPA) - epa.gov/iaq-schools/indoor-air-quality-problem-solving-tool

Integrated Pest Management Resources - epa.gov/managing-pests-schools/pest-control-school-environment

Air Cleaners and Air Filters in the Home (EPA) - epa.gov/indoor-air-quality-iaq/air-cleaners-and-air-filters-home

Indoor Air Quality Tools for Schools: Preventive Maintenance Guidance Documents (EPA) - epa.gov/iaq-schools/indoor-air-quality-tools-schools-preventive-maintenance-guidance-documents

ASHRAE Issues Statements on Relationship Between COVID-19 and HVAC in Buildings - ashrae.org/about/news/2020/ashrae-issues-statements-on-relationship-between-covid-19-and-hvac-in-buildings

Initiating Change: Creating an Asthma-Friendly School (CDC) - cdc.gov/healthyschools/asthma/creatingaf/index.htm

ASTHMA DEVICES, FACE MASKS OR COVERINGS, AND PERSONAL PROTECTION EQUIPMENT (PPE)

Model Policy for School Districts: Stock Bronchodilators disposable spacers or disposable mouthpieces (American Lung Association) - lung.org/getmedia/92bd8d3f-c5ca-46c0-9063-9d5719ec690b/model-policy-for-school.pdf

Using Personal Protective Equipment (PPE) (CDC) - cdc.gov/coronavirus/2019-ncov/hcp/using-ppe.html

World Health Organization Coronavirus disease (COVID-19) advice for the public: When and how to use masks - who.int/emergencies/diseases/novel-coronavirus-2019/advice-for-public/when-and-how-to-use-masks?gclid=Cj0KCQjwudb3BRC9ARIsAEa-vUtBbAUlYoGWmAb4h2pgeXEXJPk3w2RJVPFFt_qJBjJVHij4i-MH3sUaAjNcEALw_wcB

Cloth Face Coverings for Children During COVID-19 (American Academy of Pediatrics) - healthychildren.org/English/health-issues/conditions/chest-lungs/Pages/Cloth-Face-Coverings-for-Children-During-COVID-19.aspx

Cleaning Your Respirator (American Federation of Teachers) - aft.org/sites/default/files/covid19_decontamination-filters.pdf

Use of Face Shields (American Federation of Teachers) - aft.org/sites/default/files/covid19_faceshields.pdf Face Shields

Cloth Face Coverings (American Federation of Teachers) - aft.org/sites/default/files/covid19_clothfacecoverings.pdf

What to Do About Respirator Shortages (American Federation of Teachers) - aft.org/sites/default/files/covid19_action-respirators.pdf

Emergency Management, School Safety & Crisis Planning (The School Superintendents Association - AASA) - connect.aasa.org/communities/community-home?CommunityKey=77b6b3e9-aa56-43d2-bbe3-df27ff284713

CLEANING

Green Cleaning and Healthy Products (Healthy Schools Network) - healthyschools.org/Cleaning-For-Healthy-Schools

COVID-19 Hygiene & Cleaning Procedures (New York Department of Health) - uft.org/sites/default/files/attachments/coronavirus-cleaning-guidelines.pdf

What Cleaning Supplies Will Help Combat COVID-19? (University of California San Diego) - youtube.com/watch?v=tW-Gj4c35yk

Safer Choice Labeled Products in Action: Cleaning a School Desk (EPA) - youtube.com/watch?v=X0O5B4gMOrI

Using Chlorine Bleach Safely in the School Environment (American Chemistry Council) - youtube.com/watch?v=maTvXz0ayUc

Mayo Clinic Q&A Podcast: How to Clean During COVID-19 (Mayo Clinic) - newsnetwork.mayoclinic.org/discussion/mayo-clinic-qa-podcast-how-to-clean-during-covid-19

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