

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



August 3, 2021

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Our SPEAKER



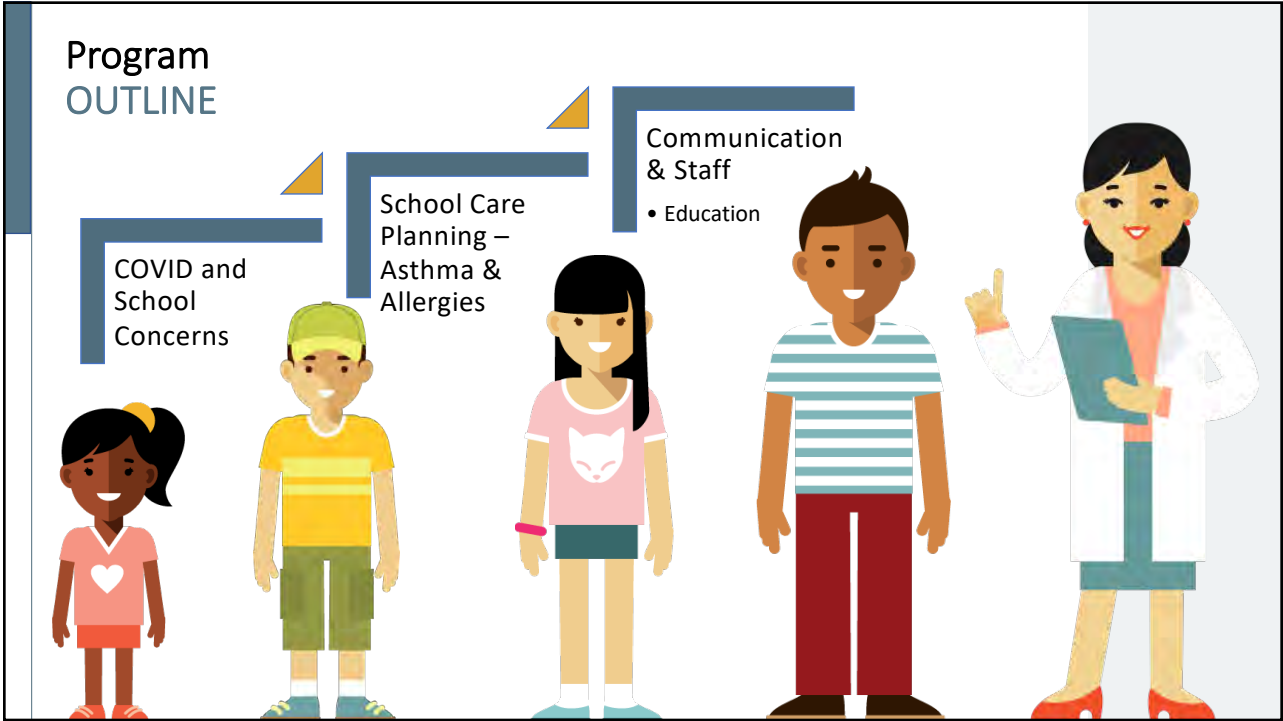
*It's almost back
to school time
for our grands!*



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



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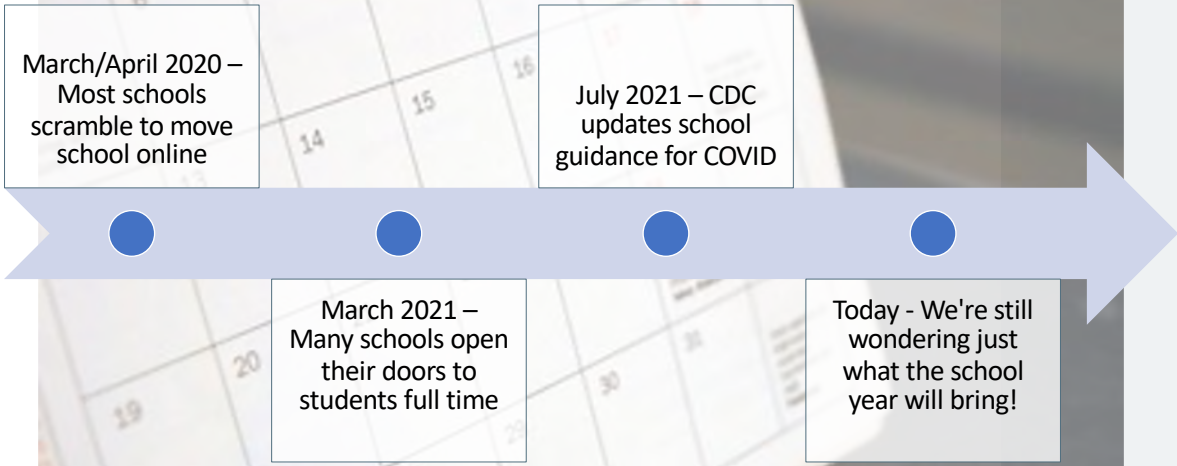


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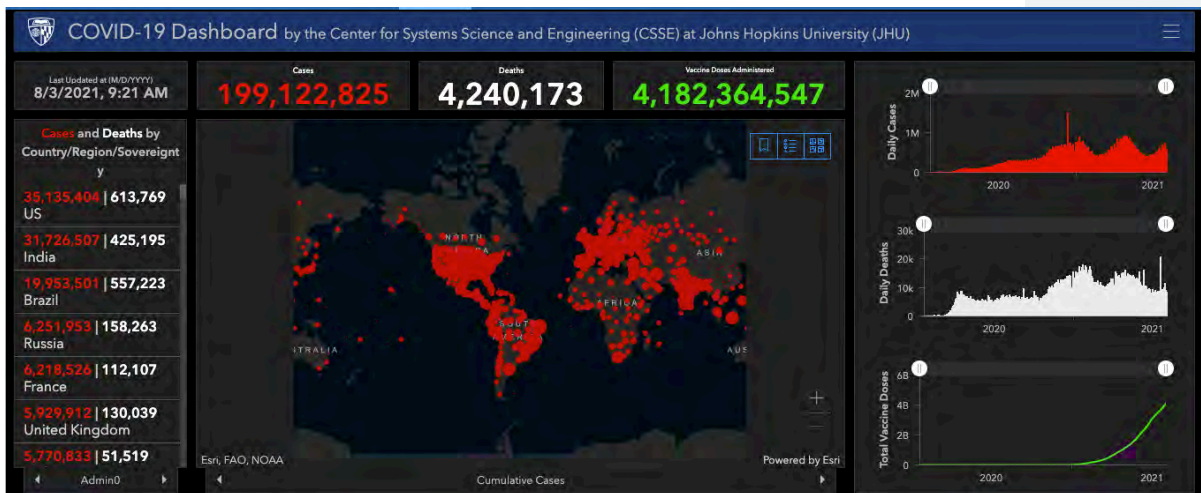
COVID - School TIMELINE



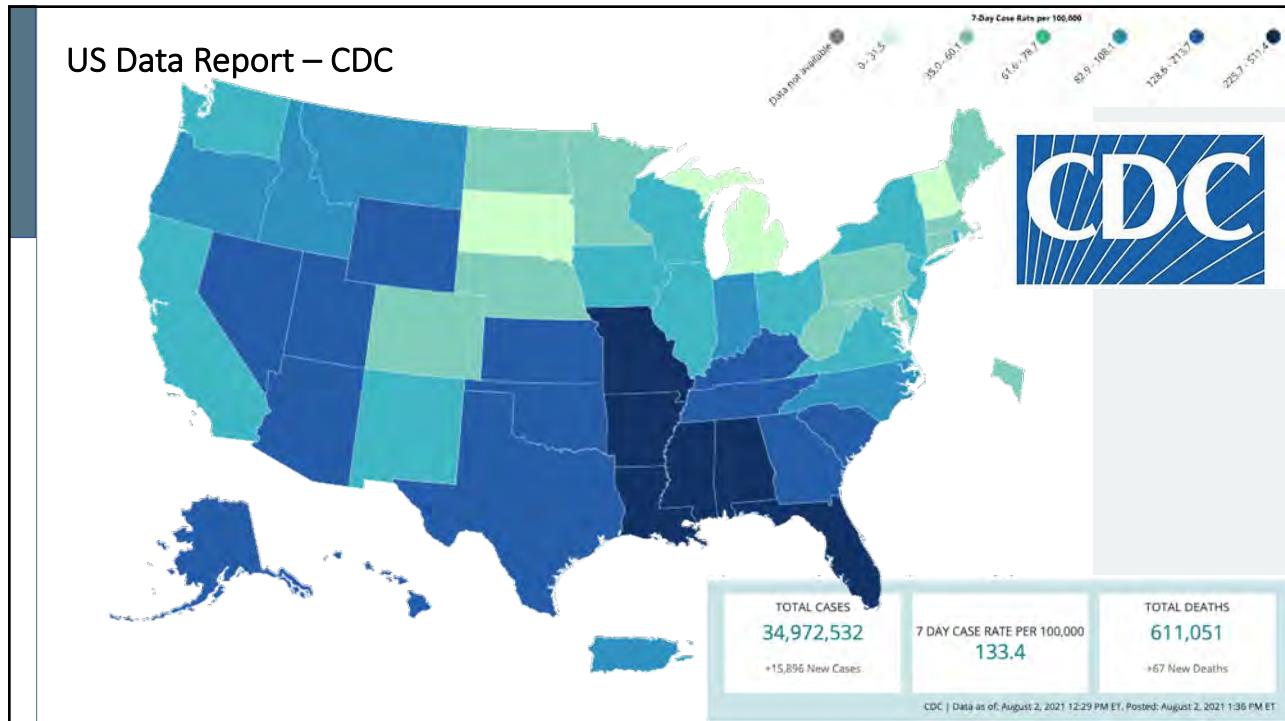
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Johns Hopkins Global Map

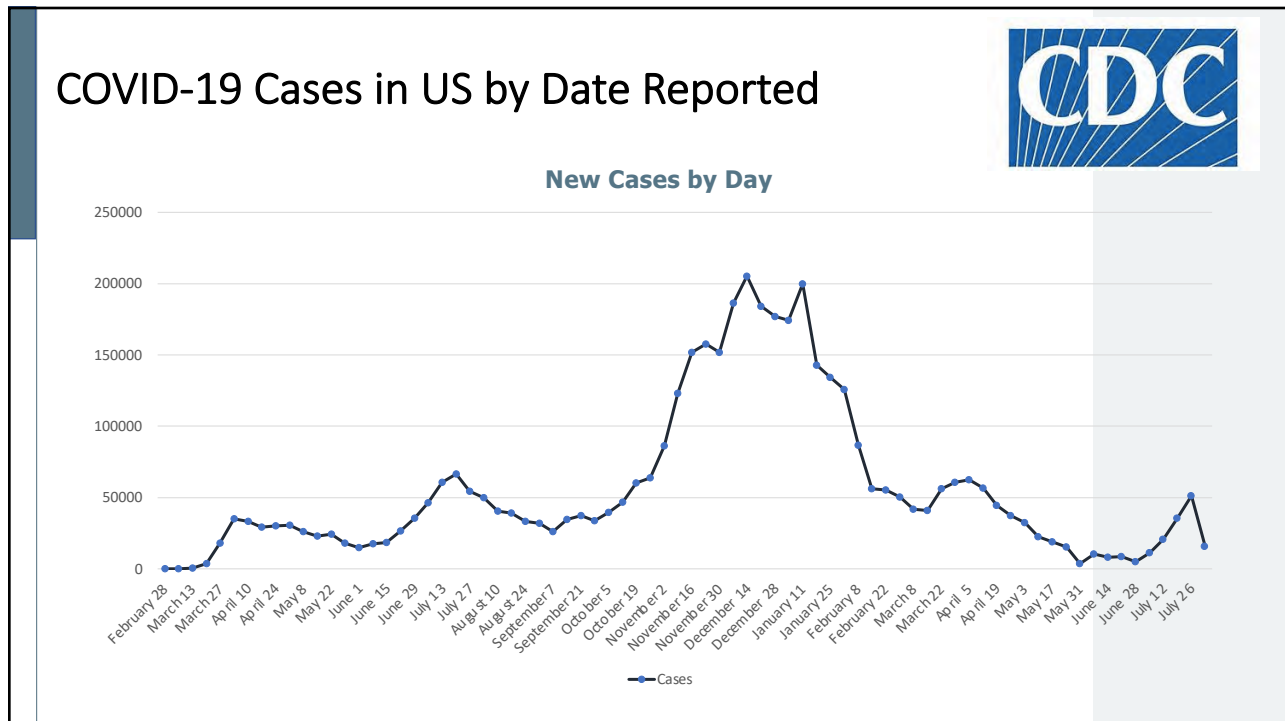
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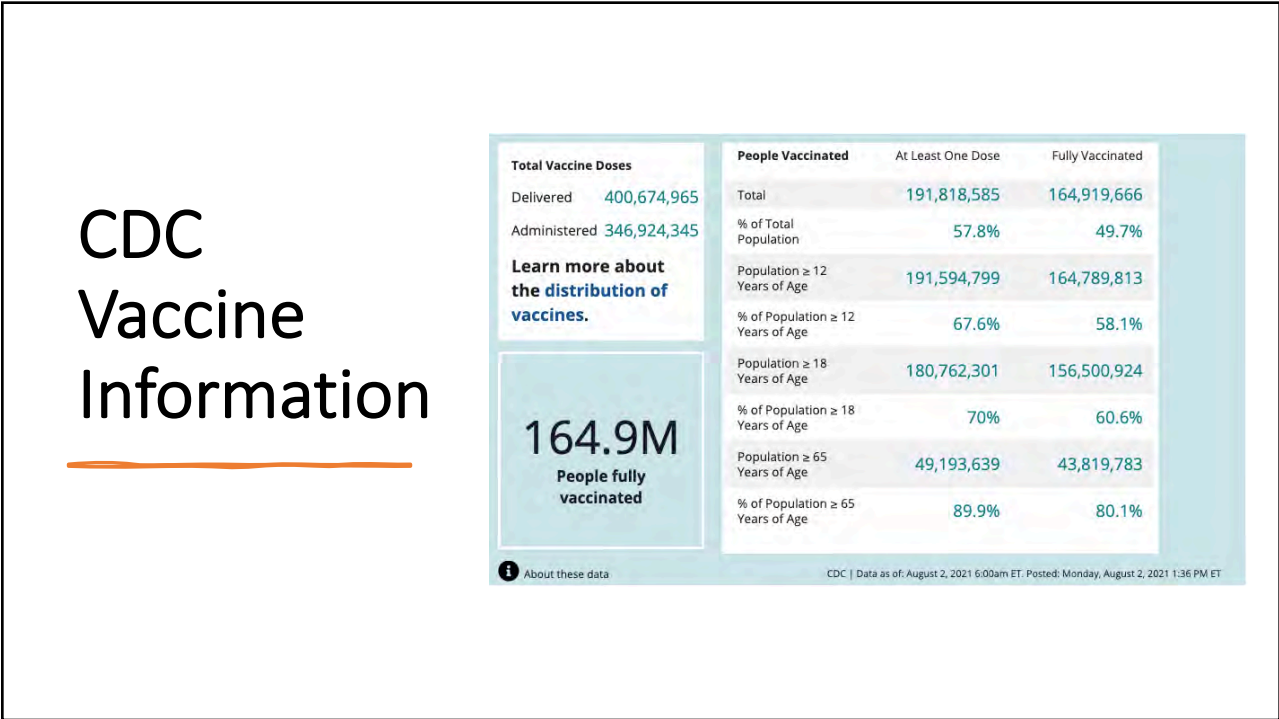
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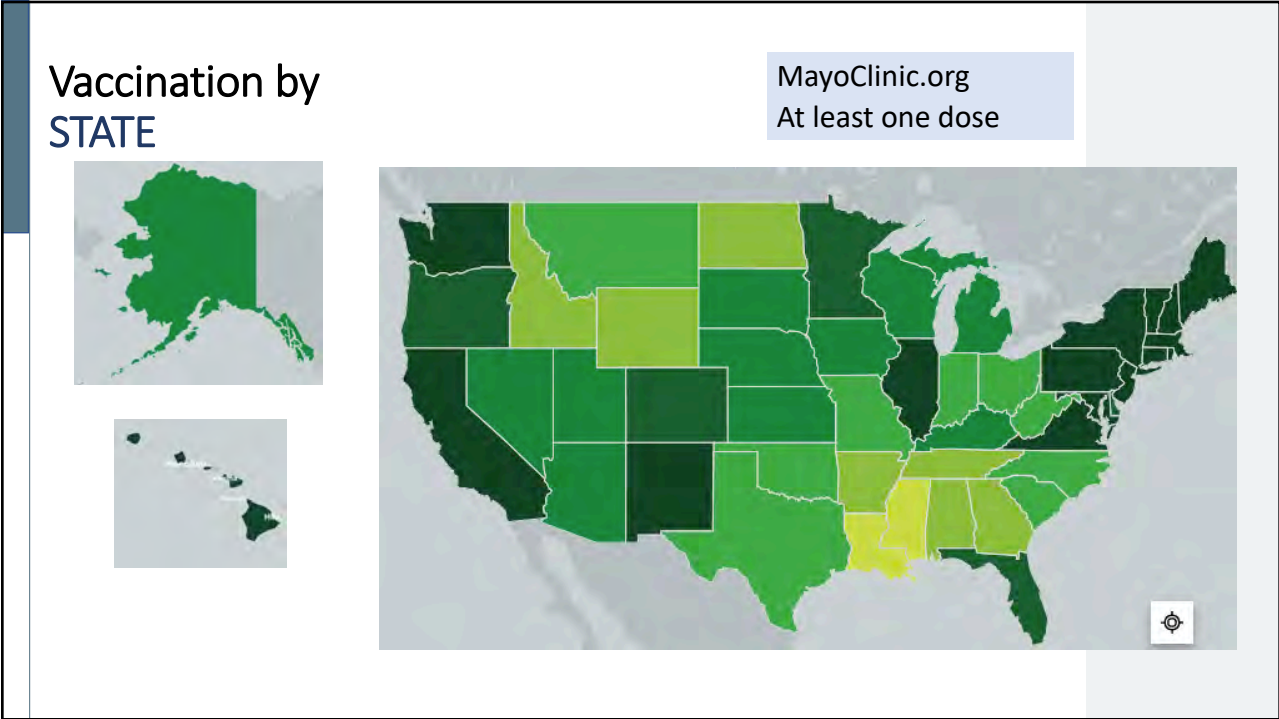
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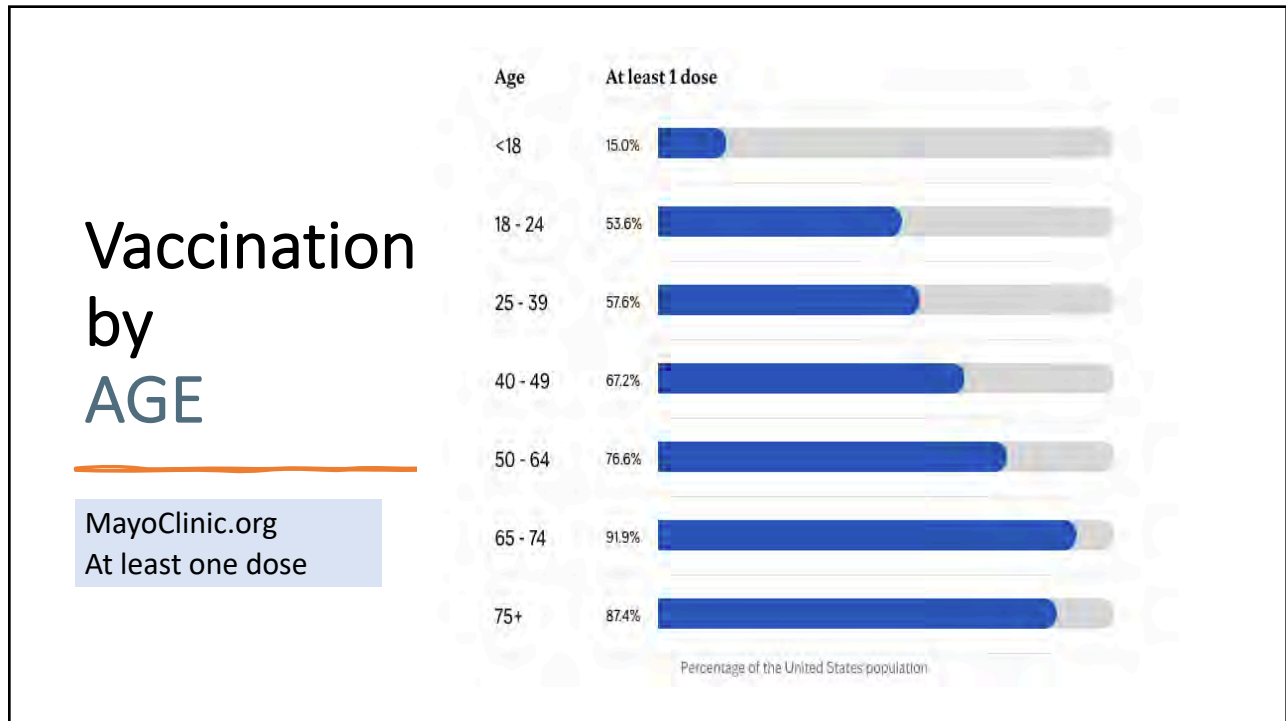
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CDC – K-12 Guidance KEY TAKEAWAYS

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

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

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

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

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CDC – K-12 Guidance KEY TAKEAWAYS

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



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CDC – K-12 Guidance KEY TAKEAWAYS



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

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

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

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CDC – REQUIRED READING FOR SCHOOLS!

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

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

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




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

to help prevent the spread of COVID-19



cdc.gov/coronavirus

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CDC Guidance in More Detail

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

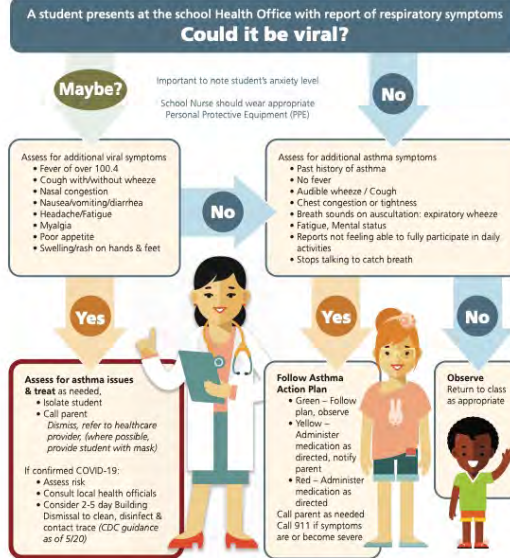
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Nursing Care RESPIRATORY ISSUES

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



Asthma Care at School Post COVID-19 Outbreak



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4 Types of SCHOOL PLANS

Individualized
Healthcare Plans
(IHP)

Emergency Action
or Care Plans
(EAP or ECP)

Section 504 Plans

Individual
Education Plans
(IEP)

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Individualized Healthcare Plans IHP

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

A student with more complex needs will benefit from an IHP

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

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

Allergies:

A student with multiple allergies, at risk for anaphylaxis

Asthma:

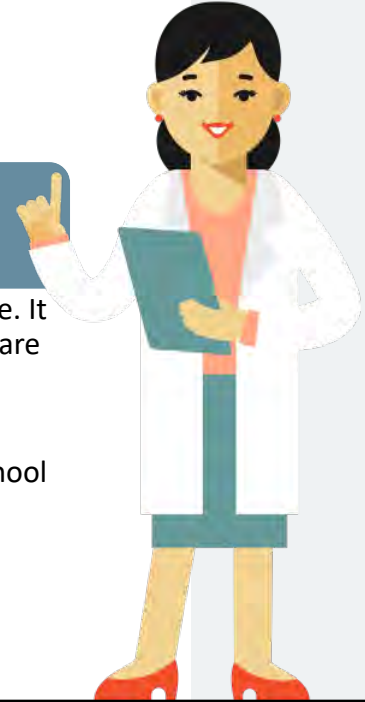
A student with moderate to severe asthma, visits to ER

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IHP

An Individualized Healthcare Plan is:

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



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Emergency Action of Care Plans

EAP or ECP

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

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

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

The EAP/ECP is based on medical orders


Allergies:

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

Asthma:

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

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EAP/ECP

An Emergency Action or Care Plan is:

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

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Section 504 Plan REHABILITATION ACT OF 1973

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

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

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

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

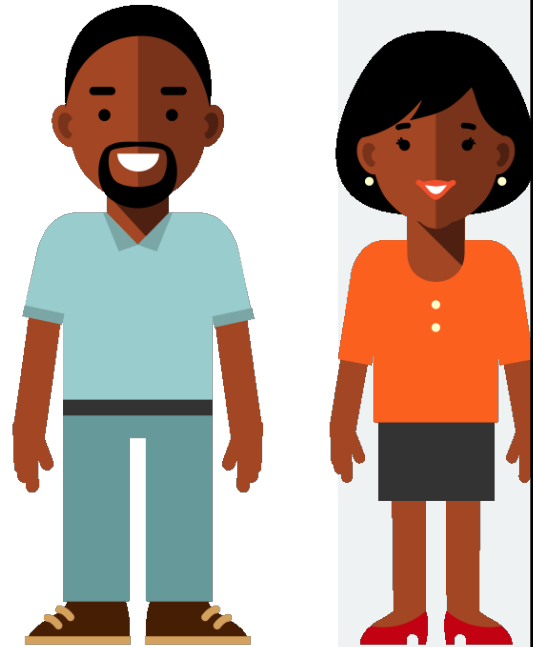
Asthma:
A student who needs physical activity accommodations, extra time for testing

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504 Plan

A Section 504 Plan is:

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



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Individualized Education Plans

IEP

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

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

Allergies:

A student who has a food allergy & an educational disability

Asthma:

A student who has asthma & an educational disability

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IEP

An Individualized Education Plan is:

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

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New Resource – Coming Soon

SN CHAT

School Nurse Chronic Health Assessment Tool

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



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Student Care Plans

Criteria for Development of Student Specific Plan – EAP or IHP

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

Emergency Action Plan (EAP)

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

Components of an EAP

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

Students with the conditions below may benefit from an EAP:

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

Individualized Healthcare Plan (IHP)

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

Components of an IHP

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

Students with the conditions below may benefit from an IHP:

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

IHP or EAP/ECP?

Emergency Action Plans

Development of Student Specific Plan

Emergency Action Plan or EAP

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

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

Gather Demographic Information, Parent Contact Information

Diagnosis, Co-morbidities, Emergency Symptoms

Emergency Care

Student Information

Diagnosis

Emergent Symptoms

Response to Symptoms

Emergency Medication/Treatment

Nursing Care

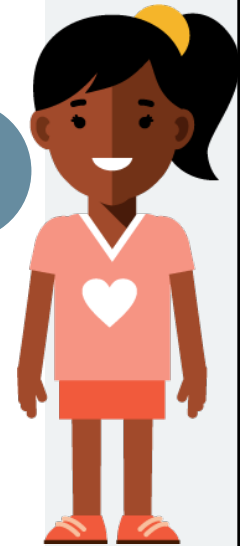
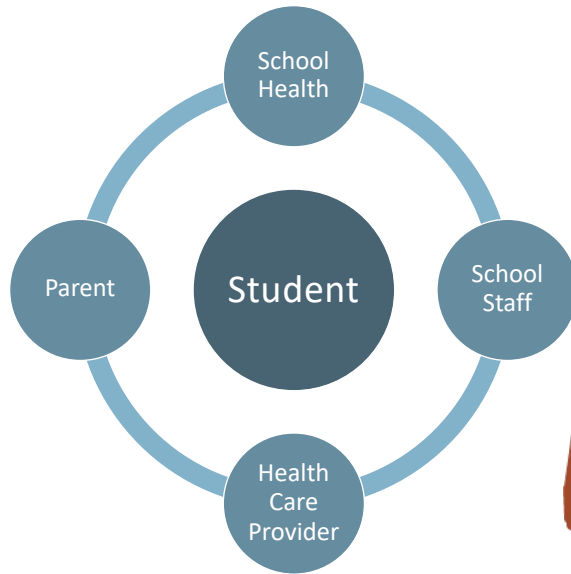
Notes:

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

Emergency Action/Care Plans

Collaboration is KEY

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



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Keep Lines of Communication OPEN



Seek or provide health information in a timely, confidential manner

Speak with empathy

Provide details as needed

Have a goal in your communication

Exchange useful information, not gossip

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Staff EDUCATION



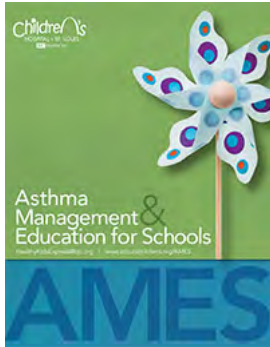
School nurses, staff, students, parents and guardians need to be able to point to material and resources that are based on evidence.

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

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

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Tools for STAFF - ASTHMA



Asthma Management & Education for Schools

CIRCLE of SUPPORT



AAAAI American Academy of Allergy Asthma & Immunology

School-based Asthma Management Program

How to AVOID the September Asthma Peak

ASTHMA STATS

- 25% of all children's asthma HOSPITALIZATIONS occur in September
- 10.5 MILLION school days missed annually due to asthma
- 14.2 MILLION work days missed annually due to asthma

BE PROACTIVE AND PREVENTIVE

1. Schedule an asthma checkup with your child's doctor before the school year begins.
2. Make sure all asthma medications are refilled prior to start of school year.
3. Take long-acting asthma medications as prescribed by your child's doctor.
4. Keep or carry medications at school, particularly a quick-relief inhaler.
5. Avoid a peak from mold, bacteria that begins leaving long spores.
6. Encourage frequent handwashing to reduce risk of catching a cold or a flu.
7. Identify and avoid environmental triggers, if pollen is a problem, talk with teachers about keeping kids from outdoor activities.
8. Get the flu vaccine.
9. Follow the Asthma Action Plan and provide one to the school nurse.
10. Maintain good asthma control throughout the entire year, even if symptoms are well controlled during summer.

Source: American College of Allergy, Asthma & Immunology; The Journal of Allergy and Clinical Immunology; National Jewish Health

Allergy & Asthma Network

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Allergy & Asthma Network & CHEST

ASTHMA: TAKE ACTION. TAKE CONTROL.

WHAT IS ASTHMA?
Asthma is a chronic (long-term) disorder in which the airways become swollen, inflamed and clogged, which makes it hard to breathe. Severe or difficult-to-control asthma is more serious and a greater threat to your health.

SPOT YOUR SYMPTOMS

- Shortness of breath
- Chest tightness
- Wheezing
- Fatigue

COMMON TRIGGERS

- Inhaled pollutants in outdoor air
- Respiratory viruses
- Strong emotions
- Exercise

4 STEPS TO TAKE CONTROL OF YOUR ASTHMA

1. Know your symptoms and when to use your asthma action plan.
2. Use your asthma action plan to prevent or control your asthma.
3. Get your doctor regularly to review and update your action plan.
4. Take your asthma medications as prescribed and use your inhaler correctly.

DID YOU KNOW?
Patients often report their symptoms as well-controlled, yet medical professionals also report well-managed asthma symptoms such as:
Walking, Sleeping, Household Chores

DOING YOUR ASTHMA MAY BE DIFFICULT TO CONTROL
How often are asthma symptoms? 2+ times a week
How often do you miss school or work? 2+ times a week
How often do you miss family or social activities? 2+ times a week

To learn more about managing your asthma symptoms, visit www.aanet.org/asthma and www.chestnet.org/asthma

ASTHMA: TAKE ACTION. TAKE CONTROL.

WHAT IS ASTHMA?
If you have asthma, the tubes that bring air into the tiny air passages in your lungs get too tight, which makes it hard to breathe. When you have trouble breathing, you could be having an asthma flare.

TAKE ACTION
Many different triggers can cause an asthma flare. You should know about the things that make you sick so you can stay on top of your asthma before it happens.

YOU MIGHT... BECAUSE OF...

- Have trouble breathing
- Have coughing or wheezing fit
- Have trouble sleeping
- Have trouble going to school or work
- Have trouble playing sports
- Have trouble playing with friends

TAKE CONTROL

1. Tell your doctor or caregiver when it's hard to breathe.
2. Your doctor can help you make an Asthma Action Plan so you won't have as many asthma flares.
3. Practice your action plan with your caregivers.
4. Asthma shouldn't hold you back. You should know about asthma symptoms, what to do when you have an asthma flare, and your doctor or caregiver.

YOUR ASTHMA MIGHT BE DIFFICULT TO CONTROL IF:

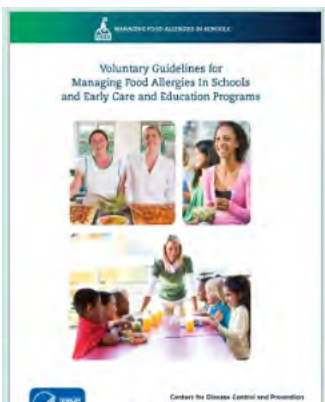
- You feel symptoms of asthma 2+ times a week
- Your asthma makes you miss 2+ times a month
- You run out of quick-relief medicine 2+ times a year

DID YOU KNOW?
Your doctor can help you make an Asthma Action Plan so you won't have as many asthma flares.

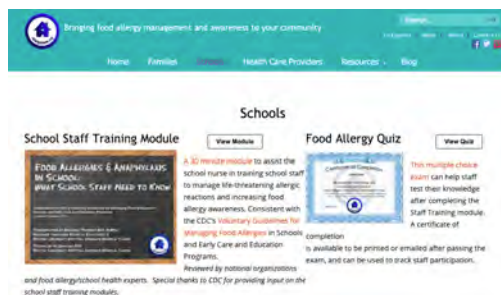
To learn more about managing your asthma symptoms, visit www.aanet.org/asthma and www.chestnet.org/asthma

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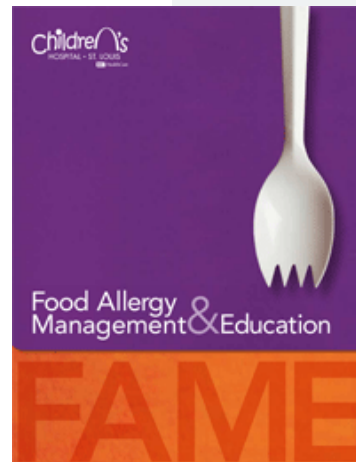
Tools for STAFF - ALLERGIES



CDC Voluntary Guidelines for Managing Food Allergies



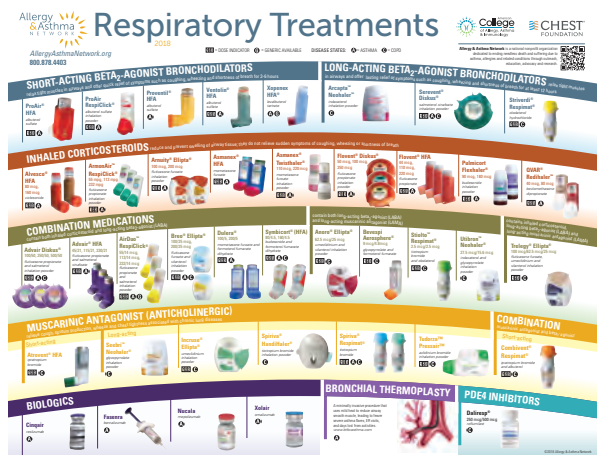
Allergyhome.org



FAME – Food Allergy Management & Education

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Asthma Posters



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Allergy Posters

Anaphylaxis At a Glance

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

Allergens that can set off anaphylaxis

FOOD

- Peanuts, tree nuts, sesame, soybeans, wheat, milk, eggs
- Corn and products containing corn
- Soy
- Shellfish

VENOM

- Bee stings
- Fire ant bites
- Latex

LATEX

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

MEDICATION

- Aspirin, NSAIDs
- Penicillin
- Sulfonamide antibiotics
- Vancomycin

Common symptoms

RECOGNIZE THE SEVERITY

Anaphylaxis is life-threatening. Immediate treatment is necessary. If you suspect anaphylaxis, use your epinephrine immediately in the **leg** and call 911.

USE EPINEPHRINE IMMEDIATELY

Epinephrine is the first step in the treatment of anaphylaxis. Use your epinephrine immediately in the **leg** and call 911.

CALL 911

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

CARRY TWO AUTO-INJECTORS

Keep two epinephrine auto-injectors with you at all times. One is available to you in case of anaphylaxis. Up to 20% of people who have had anaphylaxis will have a second episode.

FOLLOW UP

Consult a board-certified allergist for a comprehensive and personalized care plan.

Epinephrine Treatments

At the pharmacy, look for a box that says "EpiPen" or "Aurivert".

Brand Name	Generic Name	Age Group	Formulation
Aurivert [®]	Epinephrine	Adult	Auto-injector (0.3 mg)
EpiPen [®]	Epinephrine	Adult	Auto-injector (0.3 mg)
SYMDECI [®]	Epinephrine	Adult	Auto-injector (0.3 mg)
Epinephrine Auto-Injector (Aurivert)	Epinephrine	Adult	Auto-injector (0.3 mg)
Epinephrine Auto-Injector (EpiPen)	Epinephrine	Adult	Auto-injector (0.3 mg)
Epinephrine Auto-Injector (EpiPen Jr)	Epinephrine	Child	Auto-injector (0.15 mg)

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COVID-19 RESOURCES - Infographics

Asthma and COVID-19

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

COVID-19 symptoms

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

What you need to do...

Protection

- Stay home every day unless you are essential or have a medical appointment
- Check to see if your symptoms are serious and seek medical attention
- Make sure everyone in your household wears a face mask, including at home, outdoors, and in public places
- Follow your asthma action plan
- Keep your asthma triggers under control
- Avoid large crowds of people where you are likely to be close to others
- If you cannot avoid large crowds, wear a face mask and avoid touching your face
- If you cannot avoid large crowds, wear a face mask and avoid touching your face
- If you cannot avoid large crowds, wear a face mask and avoid touching your face

Prevention

- Wash your hands frequently with soap and water for at least 20 seconds
- Avoid large crowds of people where you are likely to be close to others
- If you cannot avoid large crowds, wear a face mask and avoid touching your face
- If you cannot avoid large crowds, wear a face mask and avoid touching your face
- If you cannot avoid large crowds, wear a face mask and avoid touching your face

COVID-19 Myths Busted

MYTH:	TRUTH:
The COVID-19 virus can only be spread through the air.	From the evidence to date, COVID-19 can be transmitted in all areas, including places with little to no human contact, as well as cold and humid conditions. Regardless of your climate, avoid crowded environments if you have to go to a public place and avoid people who are coughing or sneezing.
COVID-19 is just the flu.	While COVID-19 does resemble some symptoms of the flu, fever and cough, in particular, and both can lead to pneumonia, COVID-19 is believed to be more severe and can lead to death. COVID-19 is not the same as the flu.
COVID-19 is a novel coronavirus - so new and different that it needs to be avoided.	COVID-19 is a novel coronavirus - so new and different that it needs to be avoided. Vaccines against flu and pneumonia do not provide protection against COVID-19.
The COVID-19 virus can be spread through surfaces.	There is no evidence to suggest that COVID-19 is transmitted through a respiratory route. COVID-19 is spread primarily through droplets when an infected person coughs or sneezes, or through touching surfaces containing the coronavirus.
Regular use of face masks can prevent you from getting COVID-19.	There is no evidence that regularly wearing face masks will reduce the risk of infection. However, wearing face masks can help reduce the spread of COVID-19.
Children cannot catch COVID-19.	All age groups are at risk of becoming infected with COVID-19. Studies show children are still at risk of getting COVID-19 but their symptoms are often less severe. Data also shows that children with chronic respiratory diseases such as asthma are at higher risk for more severe complications.

Asthma Care at School Post COVID-19 Outbreak

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

Maybe?

Assess for additional viral symptoms:

- Fever or chills
- Cough without sputum
- Nasal congestion
- Muscle aches
- Myalgia
- Poor appetite
- Swelling on hands & feet

Yes

Assess for asthma issues:

- Asthma history
- Call parent
- Discuss, refer to healthcare provider (school nurse, school doctor)

Follow Asthma Action Plan

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

No

Assess for additional asthma symptoms:

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

No

Observe Return to class as appropriate

Please see Page 2 for Asthma Care Notes

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Know the Difference:

COVID-19 vs. Flu vs. Allergies

Know the Difference | COVID-19 vs. Flu vs. Allergies | trusted maccengell

Nearly 1/2 of all COVID-19 deaths in the U.S. are among people of color. Allergy & Asthma Network's **Know Your Risks** project aims to empower you with practical information and guidance so you can take charge of your health.

If it's important to know how you can tell the difference between COVID-19 symptoms, flu, and seasonal allergies, and what you can do to prevent or treat COVID-19.

Remember the 3 Ws

- WASH** your hands frequently
- WATCH** your distance
- WEAR** a mask when you're around others

	COVID-19	FLU	ALLERGIES
Symptoms	<ul style="list-style-type: none"> • Sudden persistent cough • Fever (100.4° or higher) • Loss of taste • Fatigue • Nausea • Runny nose • Shortness of breath or trouble breathing • Sore throat • Stomach pain or diarrhea • Headaches • Loss of smell or taste 	<ul style="list-style-type: none"> • Sudden persistent cough • Fever (100.4° or higher) • Loss of taste • Fatigue • Nausea • Runny nose • Shortness of breath or trouble breathing • Sore throat • Stomach pain or diarrhea • Headaches • Loss of smell or taste 	<ul style="list-style-type: none"> • Sudden persistent cough • Fever (100.4° or higher) • Loss of taste • Fatigue • Nausea • Runny nose • Shortness of breath or trouble breathing • Sore throat • Stomach pain or diarrhea • Headaches • Loss of smell or taste
Prevention	<ul style="list-style-type: none"> • Wash your hands frequently • Watch your distance • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events 	<ul style="list-style-type: none"> • Wash your hands frequently • Watch your distance • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events 	<ul style="list-style-type: none"> • Wash your hands frequently • Watch your distance • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events
Treatment	<ul style="list-style-type: none"> • Stay home and avoid contact with others • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events 	<ul style="list-style-type: none"> • Stay home and avoid contact with others • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events 	<ul style="list-style-type: none"> • Stay home and avoid contact with others • Wear a mask when you're around others • Avoid large crowds • Avoid public places • Avoid public transit • Avoid public events • Avoid public places • Avoid public transit • Avoid public events

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Know your risks:

Protect Your Family from COVID-19

Know Your Risks | trusted maccengell

Protect your family from COVID-19

Nearly 1/2 of all COVID-19 deaths in the U.S. are among people of color

There are many factors in your daily life that impact your family's health:

- where you live
- the type of work you do
- your level of education
- whether or not you have health insurance

For people of color, systemic disparities can:

- limit access to healthcare
- facilitate delays in diagnosis and treatment
- increase the risk of you or your child getting sick or dying from preventable and treatable diseases
- result in worse outcomes during infectious disease outbreaks like COVID-19

We don't believe this is right. Allergy & Asthma Network's **Know Your Risks** project aims to empower you with practical information and guidance so you can take charge of your family's health.

The COVID-19 pandemic is harming young people of color more than other groups of children and teens in the U.S.

Black Americans, Hispanics & Native Americans account for nearly **78%** of COVID-19 deaths among people 21 years old or younger in the U.S.

75% had underlying medical conditions

The 3 underlying medical conditions cited:

- Chronic lung disease (COPD & asthma) — 25%
- Obesity — 27%

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COVID-19 RESOURCES - Infographics

Reduce Your COVID-19 Risk
Remember the 3 Ws!

- 1 Wash your hands frequently**
Use soap and water for 20 seconds
- 2 Watch your distance**
Keep 6 feet apart and avoid large crowds
- 3 Wear a mask**
Prevent spread of COVID-19 and protect others

Allergy & Asthma Network 35th Anniversary

PROTÉJASE DEL COVID-19
QUÉ PUEDE HACER:

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Allergy & Asthma Network 35th Anniversary

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**TIME FOR
QUESTIONS**



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**Join us for our
upcoming
webinar**

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

Register at allergyasthmanetwork.org

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For More Information



Visit Allergy & Asthma Network
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