



# HOW TO CONTROL THINGS THAT MAKE YOUR ASTHMA WORSE

This guide suggests things you can do to avoid your asthma triggers. Put a check next to the triggers that you know make your asthma worse and ask your doctor to help you find out if you have other triggers as well. Keep in mind that controlling any allergen usually requires a combination of approaches, and reducing allergens is just one part of a comprehensive asthma management plan. Here are some tips to get started. These tips tend to work better when you use several of them together. Your health care provider can help you decide which ones may be right for you.

## ALLERGENS

### Dust Mites

These tiny bugs, too small to see, can be found in every home—in dust, mattresses, pillows, carpets, cloth furniture, sheets and blankets, clothes, stuffed toys, and other cloth-covered items. If you are sensitive:

- Mattress and pillow covers that prevent dust mites from going through them should be used along with high efficiency particulate air (HEPA) filtration vacuum cleaners.
- Consider reducing indoor humidity to below 60 percent. Dehumidifiers or central air conditioning systems can do this.

### Cockroaches and Rodents

Pests like these leave droppings that may trigger your asthma. If you are sensitive:

- Consider an integrated pest management plan.
- Keep food and garbage in closed containers to decrease the chances for attracting roaches and rodents.
- Use poison baits, powders, gels, or paste (for example, boric acid) or traps to catch and kill the pests.
- If you use a spray to kill roaches, stay out of the room until the odor goes away.

### Animal Dander

Some people are allergic to the flakes of skin or dried saliva from animals with fur or hair. If you are sensitive and have a pet:

- Consider keeping the pet outdoors.
- Try limiting to your pet to commonly used areas indoors.

### Indoor Mold

If mold is a trigger for you, you may want to:

- Explore professional mold removal or cleaning to support complete removal.
- Wear gloves to avoid touching mold with your bare hands if you must remove it yourself.
- Always ventilate the area if you use a cleaner with bleach or a strong smell.

### Pollen and Outdoor Mold

When pollen or mold spore counts are high you should try to:

- Keep your windows closed.
- If you can, stay indoors with windows closed from late morning to afternoon, when pollen and some mold spore counts are at their highest.
- If you do go outside, change your clothes as soon as you get inside, and put dirty clothes in a covered hamper or container to avoid spreading allergens inside your home.
- Ask your health care provider if you need to take or increase your anti-inflammatory medicine before the allergy season starts.

## IRRITANTS

### Tobacco Smoke

- If you smoke, visit [smokefree.gov](http://smokefree.gov) or ask your health care provider for ways to help you quit.
- Ask family members to quit smoking.
- Do not allow smoking in your home or car.

### Smoke, Strong Odors, and Sprays

- If possible, avoid using a wood-burning stove, kerosene heater, or fireplace. Vent gas stoves to outside the house.
- Try to stay away from strong odors and sprays, such as perfume, talcum powder, hair spray, and paints.

### Vacuum Cleaning

- Try to get someone else to vacuum for you once or twice a week, if you can. Stay out of rooms while they are being vacuumed and for a short while afterward.
- If you must vacuum yourself, using HEPA filtration vacuum cleaners may be helpful.

### Other Things That Can Make Asthma Worse

- Sulfites in foods and beverages: Do not drink beer or wine or eat dried fruit, processed potatoes, or shrimp if they cause asthma symptoms.
- Cold air: Cover your nose and mouth with a scarf on cold or windy days.
- Other medicines: Tell your doctor about all the medicines you take. Include cold medicines, aspirin, vitamins and other supplements, and nonselective beta-blockers (including those in eye drops).



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For more information and resources on asthma,  
visit [nhlbi.nih.gov/BreatheBetter](http://nhlbi.nih.gov/BreatheBetter).

**LEARN MORE**  
**BREATHE BETTER™**

FREEHOLD REGIONAL HIGH SCHOOL DISTRICT

REQUEST FOR STUDENT SELF-ADMINISTRATION OF MEDICATION

Student Name: \_\_\_\_\_ School: \_\_\_\_\_ Grade: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ ID#: \_\_\_\_\_

As per Board Policy and Regulation 5330, self-administration of medication by a student may be permitted for the treatment of asthma or other potentially life threatening illness, or a life threatening allergic reaction. A life threatening illness is defined as an illness or condition that requires an immediate response to specific symptoms and/or an after effect of disease or injury that if left untreated may lead to potential loss of life. All requests for self administration of medication are effective for one school year only and expire as of July 1<sup>st</sup> of each year.

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SECTION ONE: To be completed by student's Private Physician

I certify that the student named above has a qualifying condition or illness that may require medication. I certify that the student has been instructed and is proficient in the proper method of self-administration of the prescribed medication, and is capable of self-carrying and self administration of the prescribed medication. I hereby request that the above named student be allowed to self-administer the following medication as prescribed by me:

Name of Medication: \_\_\_\_\_ Form of medication: \_\_\_\_\_

Diagnosis/Reason: \_\_\_\_\_ Purpose of medication: \_\_\_\_\_

Dosage: \_\_\_\_\_ Frequency: \_\_\_\_\_

Time Medication to be Self-Administered: \_\_\_\_\_

Special Instructions: \_\_\_\_\_  
\_\_\_\_\_

Possible Side Effects: \_\_\_\_\_  
\_\_\_\_\_

Date to Begin: \_\_\_\_\_ Date to Conclude: \_\_\_\_\_

\_\_\_\_\_  
Physician's Name (Printed/Typed) Address

\_\_\_\_\_  
Physician's Signature Date Telephone Number  
(Stamp not acceptable)

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SECTION TWO: To be completed by Parent(s)/Guardian(s)

I/We, as parent/guardian of \_\_\_\_\_, provide our express authorization and permission for \_\_\_\_\_ to self-administer \_\_\_\_\_ while in school and/or during school activities/athletics.

In accordance with Board Policy and Regulation 5330 and N.J.S.A. 18A:40-12.3, I/we have been advised, understand and acknowledge that the Board, the District and any of its employees or agents shall have no liability as a result of any injury to my child that is caused by or arises out of the self-administration of any medication.

I/We further understand and acknowledge that in accordance with N.J.S.A. 18A:40-12.3, I/we must indemnify and hold harmless the Board, the District and any of its employees or agents against any claims arising out of the self-administration.

I/We understand and acknowledge that the permission provided by this form is good for the current school year only and must be renewed for each subsequent school year.

\_\_\_\_\_  
Signature of Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Emergency Telephone number

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SECTION THREE: To be completed by school staff

After consultation with the School Nurse and School Medical Inspector, the request for self administering of medication by the student referenced above is hereby [**GRANTED/DENIED**] (select one).

\_\_\_\_\_  
Signature of School Principal

\_\_\_\_\_  
Date

A copy of this completed form will be provided to the School Nurse and the student's parent(s)/guardian(s).

In accordance with Board Policy and Regulation 5330, any request that is denied may be appealed to the Superintendent or his/her designee.