

Inhaler Policy

The Bright School recognizes that there are students who have allergies and/or asthma that may require the use of an inhaler. The following are guidelines for parents and students for the use of an inhaler during school hours and/or school sponsored activities.

- A list of all student allergies and/or asthma condition must be submitted to the school at the beginning of the school year.
- An Asthma Action Plan is to be filled out for each school year and is to include an updated picture of the student.
- It is recommended that the parent supply the school with an (extra) inhaler to be stored in the child's classroom and/or the front office. The student may keep an inhaler in his/her backpack.
- The inhaler may not be shared with other students.
- Per state law, and medication should be brought to school in original, pharmacy labeled container. The container shall display: student name, prescription number, medication name and dosage, administration route or other directions, date, licensed prescriber's name, and pharmacy name, address, and phone number.
- As age appropriate, students should be instructed in the use of their inhaler by their physician and parent on a yearly basis.
- Students participating in after school sports/activities are recommended to communicate with their coach/instructor concerning their medical condition and the possible need for use of their inhaler before, during, or after their activity.
- In the event of an extreme asthmatic attack in which the student's breathing does not respond to the inhaler, 911 (EMS service) will be called and the student will be transported to a local emergency room for further treatment and observation. Parents will be contacted as soon as possible and informed of student's transportation to an emergency facility.

Name:	Birth date:
Teacher:	Grade:
Parent/Guardian:	Cell Phone:
Home Phone:	Work Phone:
Other Contact:	Phone:
Preferred Hospital:	

Photo of Child

Triggers: Weather (cold air, wind) ☐ Illness ☐ Exercise ☐ Smoke ☐ Dog/Cat ☐ Dust ☐ Mold ☐ Pollen ☐

Location of medication (circle all that apply): school office student possession other location (list) _____

GREEN ZONE: No coughing, wheezing or difficulty breathing. Student can do usual activities but should avoid triggers. May need to pretreat before strenuous physical activity:
 Routinely ☐ Only upon request ☐

EXERCISE PRETREATMENT:

- ☐ Give 2 puffs of quick relief med (*circle*) Albuterol Xopenex Other: _____ 15 minutes before activity
 (Circle indication: Phys Ed class, exercise/sports, recess)
☐ Repeat in 4 hours if needed for additional or ongoing physical activity

YELLOW ZONE: SICK – UNCONTROLLED ASTHMA

IF YOU SEE THIS:

- Difficulty breathing
- Wheezing
- Frequent cough
- Complaints of chest tightness
- Unable to tolerate regular activities but is still talking in complete sentences

DO THIS:

- *Stop physical activity
- *Give quick relief med : (Please circle) Albuterol Xopenex Other: _____
☐ 2 puffs ☐ Via spacer ☐ With mask ☐ other: _____
- * Stay with student and maintain sitting position
- * Call parents/guardians and school nurse
- * Student may resume normal activities once feeling better
- * If student's symptoms do not improve in 10-15 minutes or worsen, follow **RED ZONE** plan

☐ Student has life threatening allergy, refer to anaphylaxis plan if no improvement

- If there is **no quick relief inhaler at school:**
 - Call parents/guardians to pick up student and/or bring inhaler/ medications to school
 - Inform them that if they cannot get to school, 911 may be called

RED ZONE: EMERGENCY SITUATION

IF YOU SEE THIS:

- Coughs constantly
- Struggles or gasps for breath
- Trouble talking (can speak only 3-5 words)
- Skin of chest and/or neck pull in with
- Breathing
- Lips or fingernails are gray or blue
- ↓ Level of consciousness

DO THIS IMMEDIATELY:

- *Give quick relief med (*name*): Albuterol Xopenex Other: _____
☐ 2 puffs ☐ Via spacer ☐ With mask ☐ other: _____
- * Refer to anaphylaxis plan if student has life threatening allergy.
- * Call 911 Inform attendant the reason for the call is asthma
- * Call parents/guardians and school nurse
- * Encourage student to take slower deeper breaths
- * Repeat quick relief med if student not improving in 10-15 minutes
 2 puffs Via spacer With mask other: _____
- *Stay with student and remain calm

INSTRUCTIONS for QUICK RELIEF INHALER USE: (HEALTH PROVIDER: PLEASE CHECK APPROPRIATE BOX(ES))

- ☐ Student understands the proper use of his/her asthma medications, and in my opinion, can carry and use his/her inhaler at school independently
- ☐ Student is to notify his/her designated school health officials after using inhaler.
- ☐ Student needs supervision or assistance to use his/her inhaler.

HEALTH CARE PROVIDER SIGNATURE PLEASE PRINT PROVIDER'S NAME DATE

I give permission for school personnel to share this information, follow this plan, administer medication and care for my child and, if necessary, contact our physician. I assume full responsibility for providing the school with prescribed medication and delivery/monitoring devices. I approve this Asthma Care Plan for my child.

PARENT SIGNATURE

DATE