

Minooka CCSD 201

Asthma Procedure & Response

Overview

This procedure establishes guidelines for all employees at Minooka Community Consolidated District 201 to meet the health needs of a student or staff member experiencing respiratory distress or other asthma symptoms in the school environment. This is in alignment with Illinois School Code (105 ILCS 5/22-30), Public Act 100-0726, and District 201 (policy 7:270).

Parents of students with known Asthma should provide the school with written instructions (Asthma Emergency Action Plan) from the student's health care provider for handling Asthma and all necessary medications for implementing the student-specific order every school year. This Asthma response is not intended to replace student-specific orders or parent-provided individual medications; instead, it is to supplement standing orders in place for undesignated albuterol. These guidelines address a school's response to respiratory distress or other asthma symptoms in a typical setting of a school and may not specify extenuating circumstances that may occur in a standard school setting.

Asthma

Asthma is a chronic lung disease involving inflammation of the airways leading to clinical signs and symptoms of airflow obstruction. Asthma episodes or attacks can vary from mild to life threatening, and an individual's age of onset, symptoms, and progression may vary, not only in comparison to others, but also within an individual's own lifetime. Asthma is a long-term illness, which may have both acute and chronic inflammation, and individuals with asthma must work with their health care network to ensure proper asthma management.

Emergency Response

1. Recognize the severity of respiratory distress or other asthma symptoms. Students should always be taken seriously.
2. Asthma symptoms are usually a result of a trigger such as cold air, exercise, allergies, or respiratory illness.
3. It is important to provide appropriate treatment when symptoms first develop, and to call 911 for severe symptoms.
4. Follow [Stock Undesignated Albuterol Procedures](#) when appropriate

Emergency Response Protocol

**All school personnel should review this protocol. Any school personnel who may be likely to assist a student with asthma should review this protocol and practice with a “trainer” for the student’s quick-relief medication OR the school’s undesignated quick-relief medication. Training should be provided by a Registered Nurse (RN) assigned to the school, if available or by reviewing the package insert of the asthma medication (the student’s or school’s undesignated supply).



CAUTION ZONE

Step	Condition	Action
1	<p><u>Asthma Episode</u> If student exhibits any of the following early warning signs of respiratory distress:</p> <ul style="list-style-type: none"> ● Exposure to known trigger ● Shortness of breath ● Cough ● Wheeze ● Tight Chest ● Trouble breathing with exercise 	<ul style="list-style-type: none"> ● Assess student for any asthma episode symptoms ● Student report of “needing my inhaler” should be given primary consideration, even in the absence of other symptoms ● Notify school nurse of student’s condition, regardless of severity of symptoms and report findings



DANGER ZONE

Step	Condition	Action
2	<p><u>Severe Asthma Episode</u> If student exhibits <u>one or more</u> of the following severe asthma symptoms:</p> <ul style="list-style-type: none"> ● Breathing is hard and fast ● Nostrils opened wide (flaring) ● Blue or gray lips and fingernail beds ● Breathing so hard that they have trouble walking or speaking ● Retractions: skin around neck, stomach, or ribs is sucking in with every breath ● Sweaty, clammy skin ● Very anxious or restless ● Decreasing level of consciousness ● Medication is not helping within 15-20 minutes 	<p>Do the following in this order:</p> <ul style="list-style-type: none"> ● CALL 911 IMMEDIATELY ● CALL SCHOOL NURSE, if not already present ● CALL PARENT/GUARDIAN ● Continue to Step 5 “quick-Relief Medication”
3	<p><u>Loss of Consciousness</u></p>	<ul style="list-style-type: none"> ● CALL 911 IMMEDIATELY, if not

	If student appears to lose consciousness or ability to participate in their own treatment...	already summoned (Continued on next page)
4	<u>No Quick-Relief Medication</u> If student has no quick-relief medication/inhaler...	<ul style="list-style-type: none"> ● CALL 911 IMMEDIATELY ● CALL SCHOOL NURSE, if not already present ● CALL PARENT/GUARDIAN
5	<u>Quick-Relief Medication</u> If student has quick-relief medication OR if Undesignated Asthma Medication is available and the episode is NOT an emergency...	<ul style="list-style-type: none"> ● Assess respiratory status using peak flow meter. ● Give/assist with giving prescribed asthma quick-relief medication (with appropriate delivery device) as authorized by the student Asthma Action Plan or medical orders. ● Stay with the student and observe for improvement <ul style="list-style-type: none"> a. Stay calm, speak softly, encourage student to take slow, deep breaths. b. Seat student comfortably, indoors if possible. Remove outerwear, if present, and loosen clothing, if needed. ● Do not permit student to lie down or to fall asleep.
6	<u>Improvement</u> If student improves after quick-relief medication is given...	<ul style="list-style-type: none"> ● Monitor student for 15-20 minutes, then allow student to return to class and resume activities ● Repeat quick-relief medication every 10-20 minutes, or as authorized in student's Asthma Action Plan, until help arrives or student's breathing improves. Stay with the student until transferred or recovers. Call parent/guardian or direct someone else to contact/parent/guardian.
7	<u>No Improvement</u> If no improvement within 10 minutes of quick-relief medication administration, and symptoms worsen, or if student develops <u>any one</u> of the following symptoms: <ul style="list-style-type: none"> ● Breathing is hard and fast ● Nostrils opened wide (flaring) ● Blue or gray lips and fingernail beds ● Breathing so hard that they have trouble walking or speaking ● Retractions: skin around neck, stomach, or ribs is sucking in with every breath ● Sweaty, clammy skin ● Very anxious or restless 	<ul style="list-style-type: none"> ● CALL 911 IMMEDIATELY

(Continued on next page)

	<ul style="list-style-type: none"> Decreasing level of consciousness 	
8	<p><u>Recording Incidents</u></p>	<ul style="list-style-type: none"> Record all incident information per district guidelines. If needed, work with the parent/guardian on obtaining an Asthma Action Plan and/or quick-relief medication to be kept at school. (Continued on next page) If Undesignated Asthma Medication is administered, complete ISBE Undesignated Asthma Medication Form as required within 3 days of the incident. (Continued on next page) If Undesignated Asthma Medication is administered, report to the provider, Rescue Connect form, as required within 3 days of the incident. If Undesignated Asthma Medication is administered, notify parent/guardian.

Caution

If a student presents with symptoms in the Yellow "Caution" zone:

1 Assess



Assess the student for asthma episode symptoms.

2 Notify



If applicable, notify the school nurse or appropriate administrator of student's conditions.

3 Move



Move the student away from their triggers.

4 Medication



Administer quick-relief medication.

5 Monitor



Monitor the student—never leave them alone.

Danger

If a student presents with one or more symptoms in the Red "Danger" zone:

1 911



Call 911 immediately.

2 Medication



If it hasn't already been done, administer quick-relief medication.

3 Notify



If applicable, notify the school nurse or appropriate administrator of student's conditions.

4 Guardians



Call the student's parent or guardian.

5 Monitor



Monitor the student—never leave them alone.

Quick-Relief Asthma Medication

Quick-relief Asthma medication can help relieve the squeezing of the airways that happens during respiratory distress by relaxing the muscles in the bronchi. Quick-relief Asthma medication, including albuterol (also known as a bronchodilator), can be delivered in a metered dose inhaler (MDI). A MDI can be used with a reusable or disposable spacer, which is a chamber or tube that helps quick-relief medication reach airways and lungs. It is imperative that all Minooka 201 staff be familiar with the symptoms of respiratory distress or Asthma. *Global Compliance Network's (GCN) Asthma is a mandatory annual training. GCN training modules are required for all Minooka 201 employees and are completed yearly.*

Prevention

1. Parent/guardian shall notify the school nurse of the student's diagnosis, and the need to administer quick-relief medication in the case of respiratory distress/asthma episode.
 - a. Parent/guardian will report asthma triggers student must avoid
 - b. Parent/guardian will describe the signs/symptoms of an asthma episode
 - c. Parent/guardian will report the way the student might describe an asthma episode
2. Parent/guardian will provide an Asthma Action Plan completely filled out and signed by the student's health care provider. This form will need to be rewritten and signed by the health care provider at the beginning of each school year.
3. The Asthma Action Plan should include the following:
 - a. Complete list of asthma triggers.
 - b. Treatment to be administered to student for specific circumstances.
 - c. Contact information for emergency medical services, student's medical professional, and parent/guardian.
 - d. Signature of student's licensed health care provider.
4. Medication Authorization Form will also need to be completed for the use of quick-relief asthma medication if the medication is not provided in the prescription box, or if it is not written on the Asthma Action Plan by the signing health care provider, and does not clearly identify the student's name, name of medication, dose, frequency, indication for use, and time to administer.
5. Parent/guardian section of the Medication Authorization Form must be completed and signed.
6. Parent/guardian will periodically, or immediately when changes are diagnosed, review prevention and Asthma Action Plan with the school nurse.
7. These plans will be distributed to all staff that have regular interaction with the student during the school year, including but not limited to: teachers, aides, monitors, office staff, coaches, bus drivers and food services.
8. Student's asthma diagnosis will be updated yearly from registration health information and will be shared with all relevant staff via PowerSchool medical icon.
9. Parent/guardian must also provide the school with at least one up-to-date quick-relief asthma medication.
 - a. Label clearly identifies the student's name, name of medication, dose, frequency, indication for use, and time to administer.
 - b. Expiration date should be checked before giving quick-relief asthma medication to school as MDIs usually have a shelf life of one year.
10. If students self-carry their quick-relief asthma medication, they must have it with them at school on a daily basis.
 - a. Students may not participate in extracurricular activities without their emergency medication.
 - b. Students may not attend field trips without their emergency medication.
11. Students will carry, if permitted, their prescribed quick-relief asthma medication, and should learn and be able to recognize first signs of an asthma episode, and will tell an adult immediately if they suspect signs of respiratory distress or asthma episode.
12. Adapt curriculum to avoid weather triggers [Heat Index and Wind Chill Chart](#)
13. Documentation of student asthma information is in prominent and accessible format for substitute staff.
14. A 504 Plan may be utilized to address the needs of a student with severe asthma concerns. All components that are included within the Asthma Action Plan are incorporated into the 504 plan.

Respiratory Distress/Asthma Episode Intervention

1. All school staff members need to have an understanding of the management of asthma. *GCN's Asthma is a mandatory annual training. GCN training modules are required for all Minooka 201 employees and are completed yearly.*
2. Assure that at least two staff members in each school building, in addition to the school nurse, are trained to administer emergency medication for Asthma in accordance with Illinois School Code (105 ILCS 5/22-30) (i.e. administrators, PE, coaches, and staff members that may have a student with asthma in their classroom).
 - MPC: Health office/Nurse emergency bag/PE AED/Epinephrine/Emergency medication wall case
 - MES: Health office/Nurse emergency bag/Cafeteria AED/Epinephrine/Emergency medication wall case; PE AED
 - AUX: Health office/Nurse emergency bag/PE AED/Epinephrine/Emergency medication wall case
 - JES: Health office/Nurse emergency bag/PE AED/Epinephrine/Emergency medication wall case
 - WT: Health office/Nurse emergency bag/PE AED/Epinephrine/Emergency medication wall case
 - MIS: Health office/Nurse emergency bag/PE AED/Commons Epinephrine/Emergency medication wall case
 - MJHS: Health office/Nurse emergency bag/West Gym/Commons AED/Epinephrine/Emergency medication wall case
 - District Office: AED/Epinephrine/Emergency medication
5. Refer to the student's Asthma Action Plan if available.
6. Administer quick-relief asthma medication promptly at the first sign of respiratory distress.
7. A second dose of quick-relief asthma medication may be administered per Asthma Action Plan or every 10-20 minutes after the first dose is given IF symptoms have not improved, they are getting worse, or they are recurring.
8. A student must be transported to the hospital if symptoms get worse or the student becomes unconscious.
9. Nurse or another adult must stay with the student at all times.
10. Call or delegate someone to notify parent/guardian.
11. Document and review event.
 - Document on appropriate school forms and student medical records.
 - Complete the [ISBE Undesignated Asthma Medication Form](#) (only if used), which must be reported to ISBE within 3 days of the incident.

Undesignated Quick-Relief Albuterol Medication

1. A copy of the District's Standing Order for the Administration of Undesignated Asthma Medication must be posted next to the Emergency Medication wall cabinet.
2. Each building nurse will maintain documentation that stock asthma medication has been checked monthly to ensure proper storage, expiration date, and medication stability.
3. If an Undesignated Asthma Medication is needed, activate the emergency procedures of the District's Standing Order for the Administration of Undesignated Asthma Medication
4. Call school nurse/front office personnel and apprise of the situation.
5. If necessary, direct someone to call 911 and parent/guardian.

6. Act quickly. It is safer to give quick-relief asthma medication than to delay treatment. This is a life-and-death decision. (Continued on next page)
7. Stay with the student until EMS arrives.
8. Monitor the student's airway and breathing.
9. Reassure and attempt to calm the student, as needed.
10. If symptoms continue and EMS is not on the scene, administer a second dose of albuterol every 10-20 minutes. Note the time.
11. Administer CPR if needed.
12. Complete [ISBE Undesignated Asthma Medication Form](#) , which must be reported to ISBE within three days of the incident.
13. Complete [Rescue Connect form](#) within three days of the incident.
14. Reorder and replace undesignated stock medication, as necessary.

Illinois Department of Public Health, & Respiratory Health Association. (2020, January). *Implementation guidance for quick-relief stock asthma medication*. <https://dph.illinois.gov/content/dam/soi/en/web/idph/files/publications/stock-asthma-rescue-medication-toolkit.pdf>

Respiratory Health Association. (2022). *Illinois asthma episode emergency response protocol*. <https://resphealth.org/wp-content/uploads/2022/09/asthma-response-protocol.pdf>