ASTHMA ACTION PLAN

Asthma and Allergy Foundation of America
aafa.org

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

You have *all* of these:
- Breathing is good
- No cough or wheeze
- Sleep through the night
- Can work & play

Peak flow:
from _____
to _____

Use these daily preventive anti-inflammatory medicines:

MEDICINE	HOW MUCH	HOW OFTEN/WHEN
For asthma with exercise, take:		

CAUTION

You have *any* of these:
- First signs of a cold
- Exposure to known trigger
- Cough
- Mild wheeze
- Tight chest
- Coughing at night

Peak flow:
from _____
to _____

Continue with green zone medicine and add:

MEDICINE	HOW MUCH	HOW OFTEN/ WHEN
CALL YOUR PRIMARY CARE PROVIDER.		

DANGER

Your asthma is getting worse fast:
- Medicine is not helping
- Breathing is hard & fast
- Nose opens wide
- Ribs show
- Can't talk well

Peak flow:
reading below _____

Take these medicines and call your doctor now.

MEDICINE	HOW MUCH	HOW OFTEN/WHEN

GET HELP FROM A DOCTOR NOW! Do not be afraid of causing a fuss. 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 primary care provider within two days of an ER visit or hospitalization.

Printed Parent/Guardian Name:_____ **Date:**_____

Parent Signature_____ **Date:**_____

SIGNATURE
PREPARATORY

Letter to Parent Regarding Administration of Medication in School

Our school has a written policy to assure the safe administration of medication to students during the school day. If your child must have medication of any type, including over the counter drugs, given during school hours, you have the following choices:

1. You may come to school and give the medication to your child at the appropriate time(s).
2. You may obtain a copy of a medication form ***Request for Medication Administration in School*** from the school -website or health office. Take the form to your child's licensed healthcare provider and have him/her complete the form . This form must be completed by the provider for all prescription drugs and over-the-counter medications the form must be signed by the provider and by you, the parent or guardian. Prescription medicines must be brought to school in the pharmacy-labeled bottle which contains instructions on how and when the medication is to be given. Over the counter drugs must be received in the unopened original container, labeled with your child's name, and will be administered according to the written instructions on the medication at school form.
3. You may discuss with your provider an alternative schedule for administering medication (i.e. outside of school hours). Please keep in mind that scheduled medication will not be given in the first and last hour of each school day.
4. Self-Medication: Students requiring medication for asthma, anaphylactic reactions, and diabetes may self-medicate with physician authorization, parent permission, student agreement for self-carried medication, and a signed blood-borne pathogen/medical waste acknowledgement. Students must demonstrate the necessary knowledge and developmental maturity to safely assume responsibility for, and management of self-carry medications. **If found incompetent by health office personnel, the medication will need to be kept in the health office with the appropriate forms filled out.**
5. School personnel will not administer any prescription or over-the-counter medications to a student unless the school has received a completed *Request for Medication Administration* form that has been signed by both the provider and parent/guardian, and the medication has been received in an appropriately pharmacy-labeled container.

   If you have questions about the policy, or other issues related to the administration of medication at schools, please contact the school health office.

Thank you for your cooperation,

Health Office Representative **Date**

SIGNATURE PREPARATORY

The Responsibility of the Parent or Legal Guardian

1. Limit the medications that must be given during the school day to those necessary in order to maintain the child at school. ____ *Initials*
2. Provide a written request for school personnel to administer the medication. This should be in the form of a request/permission form (i.e., Request for Medication form). Return completed form to school. A separate parent request/permission form must be completed for each medication given at School. ____ *Initials*
3. Parents may choose to administer the medication at school themselves. ____ *Initials*
4. Complete an Authorization form, signed by a health care provider licensed to prescribe medications, which includes the following:
    a. Name of child
    b. Name of medication
    c. Date it was prescribed
    d. Dosage
    e. How the medicine is to be given at school
    f. When the medicine will be given at school
    g. Special instructions about the child receiving the medication or about the medicine itself.
    h. Until what date the medicine is to be given at school
    i. Possible side effects of the medication
    j. Possible adverse reactions to the medication
    k. Name of the health care provider and how to locate or communicate with him/her if necessary _____*Initials*
5. Provide a completed action plan form if your child has the following diagnoses and will be self-carrying medication/supplies: Asthma, allergies requiring an Epi-pen, Seizures, and/or Diabetes _____*Initials*
6. Provide each medication in a separate pharmacy-labeled container that includes the child's name, name of the medication, the exact dose to be given, the number of doses in the original container, the time the medication is to be given, how it is to be administered, and the expiration date of the medication. The medication pharmacy label on the container must match the doctor's order (request for medication administration).

    Note: The parent should request of the pharmacist to provide two labeled containers – one for home use and one for school use – if child needs to be given medication both at home and at school. ____ *Initials*

7. Over the counter medications administered at school should be provided in their original packaging labeled with the student's name. ____ *Initials*
8. Provide the school with new, labeled containers when dosage or medication changes are prescribed. ____ *Initials*
9. Retrieve all unused medications from school when medications are discontinued, and /or within 3 days of the date the school year ends. Signature Preparatory reserves the right to discard the medication if not picked up within 3 days____ *Initials*
10. Maintain communication with the school staff regarding any changes in the medical treatment and child's need at school. ____ *Initials*

Student Name:_____ DOB:_____

_____

Parent/Guardian Signature Date

_____

Health Office Representative Date

SIGNATURE PREPARATORY

Student Agreement for Self-Carried Medication

Student: _____ **Grade:** _____

Parent/Guardian Printed Name: _____ **Phone Number:** _____

Emergency Contact Name: _____ **Phone Number:** _____

Health Care Provider: _____ **Phone Number:** _____

Type of Medication: ☐ Asthma Inhaler ☐ Epinephrine Auto-Injector ☐ Diabetic Medication/Supplies

Medication: _____ **Dose and Time:** _____
Purpose: _____
Potential Side Effects: _____

Medication is permitted in accordance with state laws and district policy, both student's health care provider and parent guardian must complete Medication Authorizations Form. Student name must appear on medications and devices.

Student Responsibilities

- *I will keep my asthma inhaler, Epinephrine Auto Injector, or diabetes medication/supplies with me at school.*
- *I agree to use my asthma inhaler, Epinephrine Auto-Injector, or diabetes medication/supplies in a responsible manner, in accordance with my licensed health care providers orders.*
- *I will notify the school staff (i.e., teacher, nurse) if I am having more difficulty than usual with my health condition.*
- *I will not allow any other person to use my medication or equipment.*
- *I will discard any medical waste potentially contaminated with biological hazards under supervision of a health office designee.*

Student Signature: _____ **Date:** _____

___Emergency Action Plan complete and on file at school
___Demonstrates correct use/administration
___Verbalizes proper and prescribed timing for medication
___Can describe own health condition well
___Will not share medication or equipment with others

As the parent/guardian of the above-named student, I have received a copy of the protocols for containing blood-borne pathogens and the handling and disposal of needles, medical devices and other medical waste. I further acknowledge that the above-named student will be held accountable for following the set protocols. Their authorization to self-administer medication may be revoked if the student fails to comply with the protocols for containing blood-borne pathogens and safe-handling/disposal of needles, medical devices, and other medical waste.

As the parent/guardian of the above-named student, I grant permission for the student to carry and self-administer the above-named medication while on campus or participating in an activity sponsored by the school. I acknowledge that Signature Preparatory, its employees, or agents shall incur no liability as a result of any injury/death arising from the self-administration, lack-of administration when needed, or misuse of the above-named medication by the student. I agree to hold harmless the school and its employees or agents against any claims arising out of such self-administration.

Parent/Guardian Signature: _____ **Date:** _____

School Nurse/Principal: _____ **Date:** _____

Physician Signature: _____ **Date:** _____

498 S. Boulder Highway, Henderson, NV 89015 * PHONE: (702)224-2809

SIGNATURE

Proper Handling and Disposal of Medical Waste and Devices

In order to ensure the safety of all students and staff from bloodborne pathogens, Signature Preparatory follows the guidelines developed by the Centers of Disease Control (CDC) and the Occupational Safety and Health Administration (OSHA). In accordance with the Occupational Safety and Health Administration (OSHA) Blood-Borne Pathogens Standard, 29 CFR 1910.1030, Signature Preparatory has developed an Exposure Control Plan (ECP) in order to provide a secure and healthful work environment for all staff. It is imperative that everyone follows these regulations and incorporates safe practices in order to substantially reduce the risk of contracting a bloodborne disease while on the job.

Bloodborne pathogens are microorganisms carried by human blood and other body fluids. The two most common are the hepatitis B virus (HBV), hepatitis C (HBC) and the human immunodeficiency virus (HIV). Unfortunately, children are as prone to bloodborne diseases as adults are. Many children need their medication during school hours routinely or need to have it on campus in case of an emergency situation. Without their inhalers, Epinephrine injections, insulin injections, etc., this could potentially lead to a life-threatening situation.

All students and staff should follow standard precautions to help prevent the spread of bloodborne pathogens and other diseases whenever there is a risk of exposure to blood or other body fluids. These precautions require that all blood and other body fluids be treated as if they are infectious. Standard precautions include maintaining personal hygiene and using personal protective equipment (PPE), engineering controls, and proper equipment cleaning and storage procedures.

Thoroughly wash your hands and other areas immediately after self-administering your mediation. The CDC recommends following these five steps every time:

1. Wet your hands with clean, running water (warm or cold), turn off the tap, and apply soap.
2. Lather your hands by rubbing them together with the soap. Lather the backs of your hands, between your fingers, and under your nails.
3. Scrub your hands for at least 20 seconds. Need a timer? Hum the "Happy Birthday" song from beginning to end twice.
4. Rinse your hands well under clean, running water.
5. Dry your hands using a clean towel or an air dryer.

Use alcohol-based hand sanitizer of minimum 60% alcohol, only when a hand-washing facility is not available. Please keep in mind that hand sanitizer does not get rid of all types of germs and will not be effective when hands are visibly dirty or greasy. Cover all surfaces of your hand and rub your fingers and hands together until they are dry. Once a hand-washing facility is readily available, the student must wash their hands with soap and water as well. When practical, also wash your hands before taking your medication.

All needles (e.g., Glucagon, Insulin, Epinephrine pens, lancets, etc.) must be discarded in a Signature Preparatory sharps container. You can become infected by cutting yourself with a contaminated sharp object. Only the student that is self-administering the medication should be the one handling the medication at all times until discarding. Parents of insulin-dependent diabetic students should provide a sharps container for safe disposal of lancets and syringes for their child. If unable to provide this device, please contact the Signature Preparatory health office immediately. All containers should be discarded in accordance with State procedures when the container is 2/3rd full. When the container is full, the parents should be notified to pick it up and dispose of it as home medical waste. Sharps containers must be stored in a locked cabinet to prevent access by others. For management in the health office, a sharps container is readily available.

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You must wear gloves when it is reasonably anticipated your hands may contact: blood, potentially infectious materials, mucous membranes, or non-intact skin. Replace gloves as soon as you can if they are torn or punctured. Due to the risk of becoming torn or punctured, all open wounds on hands and/or fingers must be bandaged before placing the gloves on. Please keep in mind that gloves do not replace hand-washing. Handwashing is one of the best ways to protect yourself and others around you.

All students and employees must follow universal precautions to prevent contact with blood or other potentially infectious materials. PPE that can be worn may include: gloves, masks, protective eyewear, masks, etc. Signature Preparatory health office will issue personnel protective equipment and have it readily accessible as needed to you.

Please remember that accidents happen. If you are exposed or there is a medication spill, immediately report the incident to the health office so they can properly assist with post-exposure care, referrals, and/or clean up. The authorization to self-administer medication may be revoked if the student fails to comply with the protocols for containing blood-borne pathogens and safe-handling/disposal of needles, medical devices, and other medical waste. Remember that an exposure may potentially lead to infection. Using standard precautions may literally save your life.

Resources:

https://www.cdc.gov/handwashing/when-how-handwashing.html

https://www.redcross.org/content/dam/redcross/atg/PDFs/Take_a_Class/Bloodborne-Pathogens-Fact-and-Skill-Sheets.pdf

https://www.osha.gov/laws-regs/regulations/standardnumber/1910/1910.1030

http://www.creighton.edu/fileadmin/user/SchoolHealth/docs/Blood_borne_pathogen_training.pdf

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