



# Homer Community Consolidated School District 33C

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## Asthma Action Plan Notification

Illinois Public Act 099-0843 requires schools to request an Asthma Action Plan (AAP) from parents of students with asthma. The Asthma Action Plan must be written by a physician, kept on file in the office of the school nurse, and be updated annually.

If you currently have an Asthma Action Plan on file for your child, no further action is needed. If your child has asthma or restrictive airway disease and does not have an Asthma Action Plan, please provide a plan to the school nurse at your child's school. If no plan is provided, the Illinois Asthma Episode Emergency Response Protocol will be implemented. A copy of this form can be found on the District website under "Health Requirements".

In addition to the plan, if your child carries and self-administers an inhaler, a self-administration permission form must be on file with your child's school nurse. This form only requires a parent signature; a physician signature is not needed. This form can also be found under "Health Requirements" on the District website.

If you have any questions, please contact your child's school nurse.

Sincerely,

33C Nurses

# Illinois Asthma Episode Emergency Response Protocol\*

*This document was prepared by the Illinois State Board of Education in collaboration with the Respiratory Health Association, Illinois Asthma Partnership, Chicago Asthma Consortium, and Illinois Department of Public Health. [Public Act 100-726](#) allows schools to maintain undesignated asthma medication.*

## Purpose

The purpose of this document is to aid a student experiencing asthma exacerbation as evidenced by wheezing, coughing, shortness of breath, chest tightness, and/or breathing difficulty.

## Equipment and Supplies

1. Prescribed quick-relief medication (albuterol, ProAir, Proventil, Ventolin, etc.). Many students have their own inhaler on their person, as allowed by state law PA 100-726. If asthma medication is not on the student, immediately summon school staff members who have access to the medication.
2. All equipment and supplies necessary for administering asthma medication (spacer, nebulizer machine, etc.)
3. Student's Asthma Action Plan (if available)

## Procedures

Step	Condition	Action
1	<p><b><u>Asthma Episode</u></b> If student exhibits any of the following signs such as wheezing, coughing, shortness of breath, chest tightness, or difficulty breathing....</p>	<ul style="list-style-type: none"> <li>• Assess student for any asthma episode symptoms.</li> <li>• Student report of “<b>needing my inhaler</b>” should be given primary weight even in the absence of other symptoms.</li> <li>• Summon or notify school nurse of student's condition regardless of severity of symptoms and report findings (if non-nurse is assisting student).</li> </ul>

All staff members should review this protocol. Any staff member 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 asthma 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).

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2	<p><b><u>Severe Asthma Episode</u></b>          If student has <u>any one or more</u> of the following severe asthma episode symptoms:</p> <ul style="list-style-type: none"> <li>• Very fast or hard breathing</li> <li>• Nasal flaring</li> <li>• Skin retracting/sucking over child’s neck, stomach, or ribs with breaths</li> <li>• Breathing so hard they cannot walk or speak</li> <li>• Lips or fingernail beds turn blue</li> </ul>	<p>Do the following <b><u>in this order</u></b>:</p> <ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> <li>• <b>CALL SCHOOL NURSE (RN) IF NOT ALREADY PRESENT</b></li> <li>• <b>CALL PARENT/GUARDIAN</b></li> <li>• Continue to step 5 “Quick-Relief Medication”.</li> </ul>		
3	<p><b><u>Loss of Consciousness</u></b>          If student appears to lose consciousness or ability to participate in own treatment...</p>	<ul style="list-style-type: none"> <li>• <b>Call 911, if not already summoned.</b></li> </ul>		
4	<p><b><u>No Quick Relief Medication available</u></b>          Student has no quick relief medication.</p> <hr/> <p>Does school have an undesignated asthma medication policy/medications?</p> <table border="1" data-bbox="228 898 922 972"> <tr> <td data-bbox="228 898 574 972">Yes--&gt; go to Step 5</td> <td data-bbox="574 898 922 972">No--&gt; Follow no. 4 action steps</td> </tr> </table>	Yes--> go to Step 5	No--> Follow no. 4 action steps	<ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> <li>• <b>CALL SCHOOL NURSE (RN), IF NOT ALREADY PRESENT</b></li> <li>• <b>CALL PARENT/GUARDIAN</b></li> </ul>
Yes--> go to Step 5	No--> Follow no. 4 action steps			
5	<p><b><u>Quick-Relief Medication</u></b>          If student has quick relief medication available OR Undesignated Asthma Medication is available and the episode is not an emergency...</p>	<ul style="list-style-type: none"> <li>• Assess respiratory status using peak flow meter.</li> <li>• Give/assist with giving prescribed asthma quick relief medication (with delivery device) as authorized by student’s Asthma Action Plan or medical orders.</li> <li>• Stay with the student and observe for improvement.             <ul style="list-style-type: none"> <li>a. Stay calm, speak softly, encourage student to take slow, deep breaths.</li> <li>b. Seat student comfortably, indoors if possible. Remove outerwear, if present, and loosen clothing, if needed.</li> </ul> </li> <li>• Do not permit student to lie down or fall asleep.</li> </ul>		

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6	<p><b><u>Improvement</u></b>          If student improves after quick-relief medication given....</p>	<ul style="list-style-type: none"> <li>• Monitor student for 15-20 minutes then allow student to return to class and resume activities.</li> <li>• 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.</li> </ul>
7	<p><b><u>No Improvement</u></b>          If no improvement within 10 minutes of quick-relief medication administration, if symptoms worsen, or if student develops any one of the following symptoms:</p> <ul style="list-style-type: none"> <li>c. Very fast or hard breathing</li> <li>d. Nasal flaring</li> <li>e. Skin retracting/sucking over child's neck, stomach, or ribs with breaths</li> <li>f. Breathing so hard they cannot walk or speak</li> </ul> <p>Lips or fingernail beds turn blue</p>	<ul style="list-style-type: none"> <li>• <b>CALL 911 IMMEDIATELY</b></li> </ul>
8	<p><b><u>Recording Incidents</u></b></p>	<ul style="list-style-type: none"> <li>• Record all incident information per school or district's emergency medical response guidelines. If needed, work with parent/guardian to obtain Asthma Action Plan for the student.</li> <li>• If Undesignated Asthma Medication is administered, please report to Illinois State Board of Education as required within 3 days of incident.</li> <li>• If Undesignated Asthma Medication is administered, notify parent/guardian</li> <li>• If Undesignated Asthma Medication is administered, notify the provider as written in school's local protocol.</li> </ul>

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