

## **Lab Schools Asthma Response Policy**

Asthma is a common condition that can be life threatening if not treated. Asthma is a reactive airway condition in which the airway narrows, swells, and produces extra mucus. The reaction can make breathing difficult and trigger coughing, wheezing, and shortness of breath. Asthma triggers can include animals, chemicals/perfumes, environmental factors (pollen, mold, dust mites), weather (extreme temperatures), exercise, and illness (cold, flu).

### **Symptoms of respiratory distress include:**

- Heavy breathing – using neck and chest muscles to breathe; tight chest
- Shortness of breath – gasping or panting
- Trouble talking and breathing at the same time
- Wheezing/whistling sound heard
- Persistent coughing (this may be the only sign)
- Bluish/pale color of lips
- Chest tightness

### **Symptoms of severe respiratory distress include:**

- Very fast or hard breathing
- Bluish color around mouth
- Grunting
- Nose flaring
- Retractions
- Wheezing
- Sweating

### **Responding to an Asthma Episode:**

If student-specific orders are on file, they should be followed for students with documented asthma.

If no student-specific orders are available:

1. If student exhibits symptoms such as wheezing, coughing, shortness of breath, chest tightness, or difficulty breathing:
  - a. Remove student from trigger the shortest distance possible
  - b. Student report of “needing my inhaler” should be given primary weight even in the absence of other symptoms
  - c. Notify school nurse or administration of student’s condition
  - d. Give quick relief asthma medication
    - i. Administer 2 puffs of albuterol inhaler with disposable spacer or 1 vial of albuterol 1/25mg/3ml via nebulizer in accordance with manufacturer’s instructions.
    - ii. Continue to monitor symptoms – may return to class if improved after 10-20 minutes

2. **Severe Asthma Episode** - If student has any one of the following severe asthma episode symptoms: Very fast or hard breathing, nasal flaring, skin retracting/sucking over child's neck, stomach, or ribs with breaths, breathing so hard they cannot walk or talk, lips or fingernail beds turn blue
  - a. Tell someone to Call 911 immediately
  - b. Tell someone to Call school nurse/administration
  - c. Tell someone to call parent/guardian
  - d. Give Quick relief asthma Medication – Obtain undesignated medication
    - i. Give/assist 2 puffs of quick relief medication (with disposable spacer) or 1 vial of albuterol 1/25mg/3ml via nebulizer in accordance with manufacturer's instructions.
    - ii. Stay with the student and observe for improvement
    - iii. Seat student comfortably and remove outerwear or loosen clothing.
    - iv. Keep student upright, do not let lie down or fall asleep
  - e. Monitor student for 15-20 minutes. Repeat quick relief medication every 10-20 minutes until help arrives, or student improves.

### **Post Event Actions**

The school nurse/administration will:

- Document the event
- Complete incident report
- Alert healthcare provider and prescriber of undesignated Asthma medication use within 24 hours.
- Document use of Undesignated Asthma medication within 3 days of incident to ISBE <https://www.isbe.net/Pages/School-Nursing.aspx>
- Replace Albuterol stock as needed

### **Training for Faculty and Staff**

<https://www.train.org/illinois/course/1100900/details> (Stock albuterol training for Illinois school personnel)

Yearly mandatory training will take place for all faculty to recognize the signs and symptoms of asthma and how to respond in an emergency.

### **Storage, Access, and Maintenance**

- Asthma medications will be stored in a safe, unlocked, and accessible location according to manufacturer's.
- Store Albuterol sulfate Inhalation Aerosol at 20°C to 25°C (68°F to 77°F).
- Store with the mouthpiece down.
- Avoid exposing Albuterol sulfate Inhalation Aerosol to extreme heat and cold.
- Do not puncture or burn the canister.

