

## **WILKES-BARRE AREA SCHOOL DISTRICT POLICY ON ASTHMA INHALERS (ACT 187)**

The Wilkes-Barre Area School District shall permit students to possess asthma inhalers and to self administer the prescribed medication used to treat asthma when such is arent authorized.

Possession and use of asthma inhalers by students shall be in accordance with Act 187 of 2004 Wilkes-Barre Area School District policy.

“Asthma inhaler” shall mean a prescribed device used for self-administration of short acting, metered doses of prescribed medication to treat an acute asthma attack.

“Self administration” shall mean a student’s use of medication in accordance with a prescription or written instructions from a physician.

Before a student may possess or use an asthma inhaler during school hours, the Wilkes-Barre Area School District shall require the following:

1. A written request from the parent/guardian that the school complies with the order of the physician.
2. A statement from the parent/guardian acknowledging that the school is not responsible for ensuring the medication is taken and relieving the school and its employees of responsibilities for the benefits and consequences of the prescribed medication.
3. A written district medication form completed by the parent/guardian and maintained in the nurse’s office. The parent/guardian will provide the name of the drug, prescribed dosage, times medication is to be taken, length of time medication is prescribed, diagnosis or reason for medication, emergency response, and if student is qualified and able to self administer the medication. The student must acknowledge that the inhaler is intended for his/her use only and may not be share with other students.
4. The student shall notify the school nurse of designee immediately following each use of the inhaler. Violations of this policy by a student shall result in written warning issued to the parent/guardian and child with any subsequent violations resulting in immediate confiscation of the asthma inhaler and medication and loss of privileges.

# School Asthma Management Plan

Student Name: \_\_\_\_\_ Grade/Sec: \_\_\_\_ - \_\_\_\_

## Emergency Plan

Emergency action is necessary when the student has symptoms such as \_\_\_\_\_  
or has a peak flow reading of \_\_\_\_\_.

### Steps to take during an asthma episode:

1. Give medications as listed below.
2. Have student return to class if \_\_\_\_\_  
\_\_\_\_\_
3. Contact parent if \_\_\_\_\_
4. **Seek emergency medical care if the student has any of the following:**
  - No improvement 15-20 minutes after initial treatment with medication and a relative cannot be reached.
  - Peak flow of \_\_\_\_\_
  - Hard time breathing: Chest and neck are pulling in with breathing.  
Child is hunched over.  
Child is struggling to breathe.
  - Trouble walking or talking.
  - Stops playing and can't start activity again.
  - Lips or fingernails are gray or blue.

**IF THIS HAPPENS,  
GET EMERGENCY  
HELP IMMEDIATELY!**

### Emergency Asthma Medications

Name	Amount	When to use
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____

Comments/Special Instructions \_\_\_\_\_

### For Inhaled Medications

\_\_\_\_\_ I have instructed \_\_\_\_\_ in the proper way to use his/her medications. It is my  
STUDENT NAME  
professional opinion that he/she should be allowed to carry and use that medication by him/herself.

\_\_\_\_\_ It is my opinion that \_\_\_\_\_ should not carry his/her inhaled medication.  
STUDENT NAME

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Parent Signature: \_\_\_\_\_ Date: \_\_\_\_\_