

# Toolkit for the Emergency Administration of Albuterol in the School Setting for Respiratory Distress

Version 1, October 2017



<https://www.azasthma.org/take-action/>



**Arizona Asthma Coalition**



**Asthma & Airway Disease  
Research Center**

Developed in collaboration with the Arizona Disease Research Center  
University of Arizona, Tucson

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## **II. Introduction**

On March 24, 2017, Gov. Doug Ducey signed Arizona House Bill 2208 allowing Arizona schools to stock and administer emergency albuterol inhaler medication to a pupil or adult at a school or school sponsored events experiencing symptoms of respiratory distress. Arizona is the 11th state to pass a school stock albuterol program. The legislation allows for school nurses, health clerks and non-medical personnel, after the completion of training and a signed standing order, to administer the medication with a spacer or holding chamber to a pupil or adult experiencing signs symptoms of respiratory distress. In order to meet the requirements of the law, school personnel administering the medication must have completed appropriate training and the school must have a standing medical order signed by a licensed physician or nurse practitioner. The goal of the school stock emergency albuterol program is to reduce the amount of time children spend away from the classroom and to make our schools safer for all children, this includes reducing the number of calls to 911.

This toolkit is designed to provide a participating school or school district with suggestions and examples to aid in developing and implementing policies related to an Emergency Stock Albuterol Administration Program. The suggestions are in accordance with R7-2-810 Emergency Administration of Inhalers and A.R.S § 15-158.

The Arizona Asthma Coalition has created this toolkit to continue its mission to serve as a catalyst to decrease the burden of asthma in Arizona through awareness, advocacy, education and collaboration.

The toolkit contains:

- Medication administration procedures and guidelines
- Legal considerations
- Emergency stock albuterol treatment and considerations

### **III. Medication Administration Procedures and Guidelines**

#### **a. Storage of Emergency Stock Albuterol Medications**

The emergency stock albuterol medication should be storage in an unlocked, clearly marked, designated and accessible location in the health office during school hours and monitored under the direct supervision of the designated and trained personnel. If feasible, the spacer or holding chamber should be stored in the same location.

To allow for rapid retrieval and use, the stock emergency albuterol should **NOT** be locked during school hours. The medication should be stored in a safe and reasonably secure location that will not be accessible by a student or non-authorized personnel.

Before or after regular school hours, the medication should be locked away in a secure location.

#### **Albuterol storage**

The stock emergency albuterol should be stored according to manufactures recommendations. It is important to monitor the expiration date of the product and number of doses left in the device. A daily tracking log may be useful. A designated employee who has completed the required training should be responsible for the storage, maintenance, control and general

oversight of the inhalers and spacers or holding chambers acquired by the school.

### **b. Location of Stock Emergency Albuterol**

The following consideration may be helpful when selecting a storage location for the stock emergency albuterol medication. Accessibility and the safety of the students are of utmost importance when making a decision related to storage location.

- Availability of trained personnel to supervise the location of the medication storage
- Compliance with manufactures recommendations for handling and storage of medications and spacer's or valved-holding chambers
- Age and development stage of the students
- Size of the school and building infrastructure
- Accessibility to additional school personnel for help

### **c. Administration of Albuterol**

In accordance with ***R7-2-810 Emergency Administration of Inhalers and A.R.S § 15-158***, administration of the emergency stock albuterol medication may be provided by the designated and trained medical and non-medical personnel that have completed the annual training on recognition of symptoms of respiratory distress and administration of inhalers.

Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment and shall include:

- a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
- b. Standards and procedures for storage of inhalers.

- c. Standards and procedures for administration of an inhaler, as directed on the prescription protocol.
- d. Emergency follow-up procedures after the administration of an inhaler.

#### **d. Training and Program Oversight**

Each school district and charter school that elects to administer inhalers shall designate at least two employees at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the adopted protocol. Schools may also designate agents to receive training. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel or agents as they feel necessary. A designated employee who has completed the required training should be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.

General oversight should include:

- Monitor the completion of all required training on an annually basis by at least two (2) designated personnel
- School districts and charter schools shall maintain and make available on request a list of school personnel or authorized agents who are authorized to administer inhalers pursuant to a standing order.
- The school or charter school maintains procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber.
- The school or charter school acquires and stocks a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription

- Provide and implement policies and procedures for administration of the stock emergency albuterol, such as, the ***Stock Albuterol Inhaler Protocol & Action Plan***
- Ensure that the policies and procedures are appropriately implemented
- Provide steps for post-incident documentation

#### **IV. Legal Considerations**

##### **Immunity from Civil Liability.**

Chief medical officers of county health departments, physicians licensed pursuant to Title 32, Chapter 13 or 17, nurse practitioners licensed pursuant to Title 32, Chapter 15, school districts, charter schools and employees or agents of school districts and charter schools are immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of this statute, except in cases of gross negligence, willful misconduct or intentional wrongdoing.

The immunity from civil liability does not affect a manufacturer's product liability regarding design, manufacturing or instructions for use of medication, an inhaler device and spacer or holding chamber.

The administration of an inhaler pursuant to this statute is not the practice of medicine or any other profession that otherwise requires a license.

## V. Emergency Stock Albuterol Treatment and Considerations

### a. What is Emergency Respiratory Distress?

Definitions. The following definitions are applicable to this rule:

1. “Authorized Entity” refers to any school district or charter school
  2. “Bronchodilator” means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress
  3. “Inhaler” means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator
  4. “Respiratory distress” includes the perceived or actual presence of coughing, wheezing or shortness of breath.
- . “Standing order” means a prescription protocol or instructions issued by the chief medical officer of a county health department, licensed physician or licensed nurse practitioners authorized to prescribe these products.

### b. Example Standard Procedures and Protocols for Emergency Use

Emergency respiratory distress can be the sudden appearance of signs and symptoms of difficulty breathing. Emergency respiratory distress may be categorized into Mild-to-Moderate or Severe. Evaluation of the person’s level of distress based on the signs and symptoms present should occur upon presentation. Trained personnel should immediately begin the implementation of the protocol and action plan adopted by the school district or charter school for treatment of respiratory distress.

Mild-to-Moderate Symptoms may include one or more of the following:

Struggling to breathe	Whistling in the chest
Persistent Coughing	Chest pain
Wheezing	Chest tightness
Noisy breathing	Shallow breathing
Decreased breath sounds	Breathing hard or fast
Shortness of breath	Nasal flaring
Difficulty speaking	blueness around the lips/fingernails
Chest retractions	Use of Accessory muscles

The signs and symptoms of SEVERE respiratory distress may vary among individuals and may include some or all of the following:

- Struggling to breath/Shortness of breath
- Coughing, wheezing, tightness in the chest
- Difficulty speaking
- Blueness around the lips or fingernails (may look gray or “dusky”)
- Chest retractions (chest/neck are pulling in)
- Use of accessory muscles (stomach muscles are moving up and down)
- Fast pulse (tachycardia)
- Agitation

If the respiratory distress is determined to be mild-to-moderate then the trained personnel should:

1. Administer 4 puffs of albuterol with a valved holding chamber, each 15-30 seconds apart
2. Restrict physical activity & allow the individual to rest.
3. DO NOT LEAVE THE INDIVIDUAL UNATTENDED.
4. Instruct office staff to notify the parent/caregiver and school nurse and/or principal.
5. Observe the individual again after 10-15 minutes
6. If there is no improvement:

- a. Administer 4 puffs of albuterol with a valved holding chamber, each 15-30 seconds apart
- b. If there is still no improvement, **IMMEDIATELY call 911** and follow actions for SEVERE Respiratory Distress

7. If Improvement:

- a. Individual should demonstrate the following:
  - No more chest tightness or shortness of breath
  - Can walk & talk easily

**If the individual shows improvement:**

- b. Keep him/her in the health office under supervision until their breathing returns to normal AND the office staff has contacted the student's parent/caregiver.
- c. Follow post-incident instructions

If the respiratory distress is determined to be SEVERE then the trained personnel should:

1. **CALL 911**
2. **Immediately administer 8 puffs of albuterol with valved holding chamber, each puff 15-30 seconds apart.**
3. Document the time 911 was called.
4. Restrict physical activity, encourage slow breaths & allow individual to rest.
5. **DO NOT LEAVE THE INDIVIDUAL UNATTENDED!**
6. Instruct office staff to contact parent/caregiver AND school nurse and/or principal.
7. Document the time EMS services arrived AND the name of the EMS provider. Observe individual after 15 minutes if EMS has not yet arrived.
8. No improvement after 15 minutes & EMS has NOT arrived yet:
  - a. Repeat 8 puffs of albuterol with valved holding chamber, each 15-30 seconds apart

**\*\*\*If the individual shows improvement, wait for EMS to arrive & assess the individual.**

The implementation of policies and procedures for the emergency treatment of respiratory distress using albuterol is not intended to replace the individual Asthma Action Plan of a person with Asthma. Instead, it should be used when an Asthma Action Plan and/or prescribed short-acting bronchodilator inhaler (albuterol inhaler) are not available or easily accessible.

## VI. Appendix

- a. Recommended Steps to Implement the School Inhaler Program
- b. R7-2-810 Emergency Administration of Inhalers
- c. Sample Protocol: Stock Albuterol Inhaler Protocol & Action Plan
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- j. Sample Template: Letter to Parents (English and Spanish)
- k. Useful Web Links

## a. Recommended Steps to Implement a School Inhaler Program

Enroll school in program <https://www.azasthma.org/registration>

1. Obtain approval to implement the program from the school district
2. Develop policies, procedures and protocols for the use of emergency stock albuterol for respiratory distress that have been approved by your school or school district
  - a. Stock Albuterol Inhaler Protocol & Action Plan
  - b. School Staff Training Form & Checklist
  - c. Stock Albuterol Documentation Log
  - d. Standing Medical Order Template
  - e. Prescription Template Form
  - f. Template Letter for Parents for Schools- English & Spanish
3. Determine your school district's medical doctor
4. Designate two (2) personnel at your school to complete the online training curriculum and be designated/certified to administer. These personnel should also be responsible for completing forms and maintaining records onsite.
5. Complete training
6. Obtain Standing Medical Order from Medical Director
9. Obtain prescription for inhalers and spacers- schools should not accept donated inhalers or spacers but may accept cash donations to purchase
10. Fill prescriptions and store in a secure location that is accessible by trained school staff member

## b. R7-2-810 Emergency Administration of Inhalers

August 4<sup>th</sup> Draft Adopted Rules

### **R7-2-810 Emergency Administration of Inhalers**

- A. Applicability. This rule applies to:
1. Any school district or charter school that voluntarily chooses to stock inhalers pursuant to A.R.S. § 15-158.
  2. All school districts when required to stock inhalers pursuant to A.R.S. § 15-158.
- B. Definitions. The following definitions are applicable to this rule:
1. "Authorized Entity" refers to any school district or charter school.
  2. "Bronchodilator" means Albuterol or another short-acting bronchodilator that is approved by the United States Food and Drug Administration for the treatment of respiratory distress.
  3. "Inhaler" means a device that delivers a bronchodilator to alleviate symptoms of respiratory distress that is manufactured in the form of a metered-dose inhaler or dry-powder inhaler that includes a spacer or holding chamber that attaches to the inhaler to improve the delivery of the bronchodilator.
  4. "Respiratory distress" includes the perceived or actual presence of coughing, wheezing or shortness of breath.
  5. "Standing order" means a prescription protocol or instructions issued by the chief medical officer of a county health department, physicians licensed pursuant to Title 32, Chapter 13 or 17, or nurse practitioners licensed pursuant to Chapter Title 32, Chapter 15.
- C. Annual training on recognition of symptoms of respiratory distress and administration of inhalers.
1. Each school district and charter school that elects to administer inhalers shall designate at least two employees at each school site who shall be required to be trained in the recognition of respiratory distress symptoms, the procedures to follow when respiratory distress occurs, and the administration of inhalers, as directed on the prescription protocol. Schools may also designate agents to receive training. While each school is required to have two trained personnel in order to implement the stock inhaler policies, schools may train as many personnel or agents as they feel necessary.
  2. Training in the administration of inhalers shall be conducted by a nationally recognized organization or professionally certified medical professionals that are experienced in training laypersons in emergency health treatment.
  3. Training may be conducted online or in person and at a minimum shall include:
    - a. How to recognize signs and symptoms of respiratory distress in accordance with good clinical practice.
    - b. Standards and procedures for storage of inhalers.
    - c. Standards and procedures for administration of an inhaler, as directed on the prescription protocol.
    - d. Emergency follow-up procedures after the administration of an inhaler.
  4. The organization that conducts the training shall issue a certificate to each person who successfully completes the training. The school employee or authorized agent shall submit this certificate to the school.
  5. Annual training is required for all designated employees or agents of the school.

6. School districts and charter schools shall maintain and make available on request a list of school personnel or authorized agents who are authorized to administer inhalers pursuant to a standing order.
- D. Procedures for annually requesting a standing order and the prescription for the inhaler and holding chamber.
1. Each participating school district or charter school shall obtain a standing order and prescription for inhalers and spacers or holding chambers pursuant to A.R.S. §15-158 from the chief medical officer of a county health department, a physician licensed pursuant to Title 32, Chapter 13 or 17, or a nurse practitioner pursuant to Title 32, Chapter 15.
  2. Standing orders and prescriptions shall be requested and renewed annually.
- E. Procedures for the administration of inhalers in emergency situations.
1. School districts and charter schools that elect to administer inhalers shall:
    - a. Prescribe and enforce policies and procedures for the emergency administration of inhalers by designated and trained medical and non-medical personnel.
    - b. Designate at least two employees at each school to be trained to recognize respiratory distress and administer inhalers.
    - c. Require designated personnel or agents to participate in annual training and provide a certificate of successful completion to the school.
    - d. Designate employees who have completed the required training to be responsible for the storage, maintenance, control and general oversight of the inhalers and spacers or holding chambers acquired by the school.
    - e. Acquire and stock a supply of inhalers and spacers or holding chambers pursuant to a standing order prescription.
    - f. Store medication in a secure, temperature appropriate location, unlocked and readily accessible to designated personnel.
  2. Pursuant to a standing order, an employee or agent of a school district or charter school who is trained in the administration of inhalers may administer or assist in the administration of an inhaler to a pupil or adult whom the employee believes in good faith to be exhibiting symptoms of respiratory distress while at school or a school-sponsored activity.
  3. Procedures adopted by school districts and charter schools shall address at a minimum, the following requirements:
    - a. Determine if symptoms indicate possible respiratory distress or emergency and determine if the use of an inhaler will properly address the respiratory distress or emergency.
    - b. Administer the correct dose of inhaler medication, as directed by the prescription protocol, regardless of whether the individual who is believed to be experiencing respiratory distress has a prescription for an inhaler and spacer or holding chamber or has been previously diagnosed with a condition requiring an inhaler.
    - c. Restrict physical activity, encourage slow breaths and allow the individual to rest.

- d. Assure that a trained employee stay with the subject who has been administered inhaler medication until it is determined whether the medication alleviates symptoms.
  - e. If applicable, instruct office staff to notify the school nurse if the inhaler is administered by a trained but non-licensed person.
  - f. Instruct school staff to notify the parent or guardian.
  - g. Call 911 if severe respiratory distress continues. Advise that inhaler medication was administered and stay with the person until emergency medical responders arrive.
  - h. If the individual shows improvement, keep the individual under supervision until breathing returns to normal, with no more chest tightness or shortness of breath, and the individual can walk and talk easily.
  - i. Allow a student to return to class if breathing has returned to normal and all symptoms have resolved.
  - j. Notify a parent or guardian once the inhaler has been administered.
  - k. Document the incident detailing who administered the inhaler, the approximate time of the incident, notifications made to the school administration, emergency responders, and parents/guardians.
  - l. Retain the incident data on file at the school pursuant to the general records retention schedule regarding health records for school districts and charter schools established by the Arizona State Library, Archives and Public Records.
  - m. Order replacement inhalers, spacers and holding chambers as needed.
4. A school district or charter school may accept monetary donations for or apply for grants for the purchase of inhalers and spacers or holding chamber or may accept donations of inhalers and spacers or holding chambers directly from the product manufacturers.

**F. Immunity from Civil Liability.**

- 1. Chief medical officers of county health departments, physicians licensed pursuant to Title 32, Chapter 13 or 17, nurse practitioners licensed pursuant to Title 32, Chapter 15, school districts, charter schools and employees of school districts and charter schools are immune from civil liability with respect to all decisions made and actions taken that are based on good faith implementation of the requirements of A.R.S. § 15-158, except in cases of gross negligence, willful misconduct or intentional wrongdoing.

## c. SAMPLE PROTOCOL

### STOCK ALBUTEROL INHALER PROTOCOL & ACTION PLAN For Treating Emergency Respiratory Distress

Is this **SEVERE** Respiratory Distress?

- |                                                                                                                                                                                                                                                                      |                                                                                                                                                                                                                                               |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none"> <li>• Struggling to breathe / Shortness of breath</li> <li>• Coughing, wheezing, tightness in the chest</li> <li>• Difficulty speaking</li> <li>• Blueness around the lips or fingernails (might look gray or “dusky”)</li> </ul> | <ul style="list-style-type: none"> <li>• Chest retractions (chest/neck are pulling in)</li> <li>• Use of accessory muscles (stomach muscles are moving up and down)</li> <li>• Fast pulse (e.g., tachycardia)</li> <li>• Agitation</li> </ul> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

YES

NO

**CALL 911**  
AND follow the Actions  
for Severe Respiratory  
Distress Below

**For Mild-to-Moderate Respiratory Distress:**

1. Administer 4 puffs of albuterol with valved holding chamber, each 15-30 seconds apart.
2. Restrict physical activity & allow the individual to rest. **DO NOT LEAVE THE INDIVIDUAL UNATTENDED!**
3. Instruct office staff to notify parent/caregiver AND school nurse and/or principal.
4. Observe individual again after 10-15 minutes.

NO IMPROVEMENT

IMPROVEMENT

**If there is no improvement:**

1. Administer 4 more puffs of albuterol with valved holding chamber, each 15-30 seconds apart.
2. If there is still no improvement, **immediately call 911 AND follow actions for Severe Respiratory Distress.**

IMPROVEMENT

Individual should demonstrate the following:

- No more chest tightness or shortness of breath
- Can walk & talk easily

**If the individual shows improvement:**

1. Keep him/her in the health office under supervision until their breathing returns to normal AND the office staff has contacted the student's parent/caregiver.
2. Follow the post-incident instructions on the back of this form.

1. **Immediately administer 8 puffs of albuterol with valved holding chamber, each puff 15-30 seconds apart.**
  2. Document the time 911 was called.
  3. Restrict physical activity, encourage slow breaths & allow individual to rest. **DO NOT LEAVE THE INDIVIDUAL UNATTENDED!**
  4. Instruct office staff to contact parent/caregiver AND school nurse and/or principal.
  5. Document the time EMS services arrived AND the name of the EMS provider.
  6. Observe individual after 15 minutes if EMS has not yet arrived.
- \*\*\*If the individual shows improvement, wait for EMS to arrive & assess the individual.**

NO IMPROVEMENT AFTER 15 MINUTES &  
EMS HAS NOT YET ARRIVED

1. **Repeat 8 puffs of albuterol with valved holding chamber, each 15-30 seconds apart.**

## c. SAMPLE PROTOCOL CONT.

### STOCK ALBUTEROL INHALER PROTOCOL & ACTION PLAN For Treating Emergency Respiratory Distress

This protocol is intended for use by trained personnel to respond to respiratory distress. It is not intended to replace an individual's personal Asthma Action Plan. Instead, it should be used when an Asthma Action Plan and/or prescribed short-acting bronchodilator inhaler (e.g., albuterol inhaler) are not available or easily accessible.

Possible signs/symptoms of respiratory distress may include **ANY** of the following symptoms:

- *Struggling to breathe, coughing, wheezing, noisy breathing, decreased breath sounds, whistling in the chest, chest pain, chest tightness, shallow breathing, breathing hard or fast, shortness of breath, nasal flaring, difficulty speaking, blueness around the lips or fingernails, chest retractions, and/or use of accessory muscles*

#### **STEPS FOR POST-INCIDENT DOCUMENTATION:**

1. Document the incident using the "Albuterol Documentation Form".
2. Follow-up with the school nurse and/or principal.
3. If the individual is a student, document the student's school health record.
4. If the individual is a student, follow-up with the student's parent/caregiver.

\*\*\*The "Albuterol Documentation Form" shall remain on file with the school for a minimum of 5 years.

## d. SAMPLE TEMPLATE

### STOCK INHALER FOR SCHOOLS PROGRAM TRAINING FOR SCHOOL STAFF FORM | 2017-2018 SCHOOL YEAR

THE FOLLOWING INDIVIDUALS WILL BE RESPONSIBLE FOR ADMINISTRATION OF STOCK ALBUTEROL MEDICATION **(A MINIMUM OF 2 INDIVIDUALS IS REQUIRED)**:

TRAINED STAFF MEMBER 1			
Trained Staff Member Last Name:		Trained Staff Member First Name:	
Title:			
Email Address:			
Phone Number:	(    )		

TRAINED STAFF MEMBER 2			
Trained Staff Member Last Name:		Trained Staff Member First Name:	
Title:			
Email Address:			
Phone Number:	(    )		

TRAINED STAFF MEMBER 3			
Trained Staff Member Last Name:		Trained Staff Member First Name:	
Title:			
Email Address:			
Phone Number:	(    )		

**Complete this form and keep with other program documentation.**

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## e. Checklist for Program Participation

### CHECKLIST FOR PROGRAM PARTICIPATION

*Please complete the following checklist to ensure all requirements for program participation have been met. Check each step that has been completed and file documentation in a safe location.*

- Obtained approval to implement program from school district.
- Determined school or school district's medical director.
- Enrolled school in program on AAC website.
- Designated a minimum of 2 individuals as school's trained staff members to administer albuterol and completed training.
- Attached 2 copies of trained staff members' stock inhaler training certificates.
- Downloaded copy of the Stock Inhalers for Schools protocol and other forms and documentation.
- Obtained prescriptions for albuterol inhaler and Thayer LiteAire® spacers and filled prescriptions.

\*\*\*We acknowledge that we have received the appropriate training, supplies, and have designated a minimum of two trained staff members to administer albuterol medication at this school.

**REQUIRES A MINIMUM OF 2 TRAINED STAFF MEMBERS' SIGNATURES:**

		/ /
<b>TRAINED STAFF MEMBER 1</b>	<b>SIGNATURE</b>	<b>DATE</b>
		/ /
<b>TRAINED STAFF MEMBER 2</b>	<b>SIGNATURE</b>	<b>DATE</b>

**Complete this form and keep with other program documentation.**

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## f. Stock Albuterol for Schools Online Training Curriculum Option

### STOCK ALBUTEROL FOR SCHOOLS ONLINE TRAINING CURRICULUM

#### **BEFORE YOU BEGIN:**

- Users should enable pop-ups and update Flash Player on their operating system
- If the training modules do not play properly, it is probably a web browser issue
  - Internet Explorer is a good browser option to use for this training
- If for any reason the training becomes stuck or stops playing, exit completely out of the browser and sign back in to the COPH Moodle website
- For any issues with the training curriculum, please contact **Ray Andrade** via email: [raymondandrade@email.arizona.edu](mailto:raymondandrade@email.arizona.edu) or **Ashley Lowe** via email: [stockinhaler@email.arizona.edu](mailto:stockinhaler@email.arizona.edu)

#### **INSTRUCTIONS FOR NEW USERS:**

1) To access the online training curriculum, use the following link: <https://moodle.publichealth.arizona.edu/>

The link will take you to the COPH Moodle page:



The screenshot shows the Moodle interface for the University of Arizona's College of Public Health. At the top, there is a red navigation bar with the text 'COPH Moodle' and a 'Log in' link. Below the navigation bar is the university's logo and the name 'Mel & Enid Zuckerman College of Public Health'. The main content area features a course titled 'Cultural Competence through Skills-based ASCN Model'. The course description states: 'Nurses, pharmacists, and doctors, both in practice and in training, as well as FAs, PAs, front desk staff, medical assistants, and other staff can benefit from learning about, improving cultural competency skills and practices through identifying and removing potential roadblocks to care experienced by patients from different population groups.' To the right of the text is an image of two healthcare professionals, a woman and a man, looking at a tablet together. At the bottom of the page, there are three logos: WRPHIC, MWPHIC, and CHI, each with a small house icon to its left.

## g. SAMPLE TEMPLATE

School Name: \_\_\_\_\_

### STOCK ALBUTEROL DOCUMENTATION LOG

Date:     /     /

---

Student's Name (Last, First)

DOB:     /     /

Gender:      Male      Female      Other

Ethnicity:      Hispanic / Latino  
 non-Hispanic / non-Latino

Race:      American Indian / Alaska Native  
 Asian  
 Black / African American  
 Native Hawaiian / Pacific Islander  
 White

Did the student have a known diagnosis of asthma before this day?  
 Yes      No      Do not know

---

Trained Staff's Name (Last, First)

---

Location where symptoms developed

\_\_\_\_\_  A.M.    P.M.

Time of day albuterol was administered

\_\_\_\_\_ (Puffs)

Number of puffs of albuterol administered

Disposition Status:

Returned to class  
 Sent home with caregiver  
 Called 911 and **NO** EMS transport  
 Called 911 and transported via EMS

---

Standing Order Authority (Physician Name)

---

EMS Agency Name (If applicable)

\_\_\_\_\_  A.M.    P.M.

Time 911 was called (If applicable)

\_\_\_\_\_  A.M.    P.M.

Time EMS arrived (If applicable)

\_\_\_\_\_  A.M.    P.M.

---

Name of hospital student was transported to

Comments:

Date:     /     /

---

Student's Name (Last, First)

DOB:     /     /

Gender:      Male      Female      Other

Ethnicity:      Hispanic / Latino  
 non-Hispanic / non-Latino

Race:      American Indian / Alaska Native  
 Asian  
 Black / African American  
 Native Hawaiian / Pacific Islander  
 White

Did the student have a known diagnosis of asthma before this day?  
 Yes      No      Do not know

---

Trained Staff's Name (Last, First)

---

Location where symptoms developed

\_\_\_\_\_  A.M.    P.M.

Time of day albuterol was administered

\_\_\_\_\_ (Puffs)

Number of puffs of albuterol administered

Disposition Status:

Returned to class  
 Sent home with caregiver  
 Called 911 and **NO** EMS transport  
 Called 911 and transported via EMS

---

Standing Order Authority (Physician Name)

---

EMS Agency Name (If applicable)

\_\_\_\_\_  A.M.    P.M.

Time 911 was called (If applicable)

\_\_\_\_\_  A.M.    P.M.

Time EMS arrived (If applicable)

\_\_\_\_\_  A.M.    P.M.

---

Name of hospital student was transported to

Comments:

**\*\*This form shall remain on file with the school for a minimum of 3 years.**



**i. SAMPLE TEMPLATE**

**PRESCRIPTION FOR SHORT-ACTING BRONCHODILATOR  
(E.G., ALBUTEROL INHALER) FOR SCHOOL USE PURSUANT  
TO H.B. 2208**

ISSUED TO:

\_\_\_\_\_  
Name of School District (If applicable)

\_\_\_\_\_  
Name of School

\_\_\_\_\_  
School Street Address

\_\_\_\_\_  
City

AZ  
State

\_\_\_\_\_  
Zip Code

**Rx: Albuterol HFA Inhaler(s)**

**Sig: Use per protocol**

To be administered, as needed, to an individual exhibiting symptoms of respiratory distress in accordance with "Standing Medical Order for the Emergency Administration of Short-Acting Bronchodilator (e.g., albuterol inhaler) by a Trained Individual for a Student Exhibiting Respiratory Distress Pursuant to Public Act H. B. 2208". The stock inhaler must be administered by a trained employee or licensed health care provider.

\_\_\_\_\_  
Quantity

Inhaler(s)

\_\_\_\_\_  
Quantity

Thayer LiteAire® valved holding chamber(s), DAW

Refills: ZERO

\_\_\_\_\_  
Physician Name (Print)

\_\_\_\_\_  
Physician Street Address

\_\_\_\_\_  
City

AZ  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Physician Phone Number

\_\_\_\_\_  
DEA Number

\_\_\_\_\_  
Date Issued (Month/Day/Year)

\_\_\_\_\_  
Physician Signature

## j. SAMPLE TEMPLATE

Date:

School Name  
Address  
City, State, Zip Code

Dear Parents or Guardians,

We are writing to inform you about a new school health program that will make schools safer for students with asthma. This year Arizona passed a new law that allows your child's school maintain and administer albuterol inhaler to treat students who experience sudden life-threatening respiratory distress while at school. Albuterol is an inhaled medication that quickly opens the tubes that move air into and out of the lungs making it easier to breathe. This medication is safe and effective. Because an asthma attack can happen at any time, having quick access to albuterol is important to make schools safe for children with asthma.

Several health personnel from your child's school will be trained to quickly and safely respond to respiratory emergencies. While school staff will make every effort to contact parents before giving albuterol, the law allows them to administer albuterol in an emergency without prior parental contact.

If your child has asthma, we urge you to notify your child's school and provide them with an asthma action plan from your child's doctor. Because the stock albuterol inhaler is not intended to replace a child's personal inhaler, we also encourage you to send a personal albuterol inhaler for use at school if your child has asthma.

If you have any questions or concerns, please contact your school's health office.

Sincerely,

## j. SAMPLE TEMPLATE CONT.

Fecha: 1 de agosto de 2017

School Name  
Address  
City, State, Zip Code

Estimados padres y custodios,

Les estamos escribiendo esta carta para informarle acerca de un programa nuevo que determina que las escuelas sean más seguras para los estudiantes con asma. Este año, el estado de Arizona aprobó una ley nueva donde permite que su hijo/a mantendrá y administrará el inhalador albuterol en la escuela para tratar a los estudiantes que experimentará angustias respiratorias que amenaza la vida repentinamente durante la escuela. El albuterol es un medicamento inhalado que rápidamente abren los tubos que mueven el aire dentro y fuera de los pulmones haciendo la respiración más fácil. Este medicamento es seguro y efectivo. Debido a que un ataque de asma puede ocurrir en cualquier momento, teniendo acceso rápido al albuterol es importante para que las escuelas sean seguras para los niños con asma.

Profesionales del departamento de salud de la escuela de su hijo/a será entrenado un plan de acción para responder de una forma rápida y segura a las emergencias respiratorias. Mientras que los profesionales de la escuela harán todos los esfuerzos posibles para contactar a los padres antes de administrar albuterol, la ley les permite administrar albuterol en una emergencia sin el contacto previo de los padres.

Si su hijo/a tiene asma, le urgimos que notifique a la escuela y provea un plan de acción para el asma consultado por el doctor de su hijo/a. Debido a que el inhalador no está diseñado para reemplazar el inhalador personal de su hijo/a, también les recomendamos que mantendrá un inhalador personal en la escuela si su hijo/a tiene asma.

Si tienen alguna pregunta o duda, por favor comuníquese con la oficina de salud de la escuela.

Atentamente,

## k. Useful Web Links

To learn more about asthma or other respiratory diseases and environmental issues impacting asthma, we have provided links to other websites.

The ACC is not responsible for the material found on these websites and cannot guarantee the accuracy of the information.

### **Allergy and Asthma Network/Mothers of Asthmatics, Inc. (AAN/MA)**

[www.allergyasthmanetwork.org](http://www.allergyasthmanetwork.org)

### **American Academy of Allergy, Asthma and Immunology (AAAAI)**

[www.aaaai.org](http://www.aaaai.org)

### **American Academy of Pediatrics (AAP)**

[www.aap.org](http://www.aap.org)

### **American College of Allergy, Asthma and Immunology (ACAAI)**

[www.acaai.org](http://www.acaai.org)

### **American College of Chest Physicians (ACCP)**

[www.accp.com](http://www.accp.com)

### **American Lung Association of Arizona**

[www.lung.org](http://www.lung.org)

### **American Medical Association**

[www.ama-assn.org](http://www.ama-assn.org)

### **Arizona Department of Environmental Health**

[www.azdhs.gov/preparedness/epidemiology-disease-control/environment-health/index.php](http://www.azdhs.gov/preparedness/epidemiology-disease-control/environment-health/index.php)

### **Arizona Department of Health Services**

[www.asdhs.gov](http://www.asdhs.gov)

### **Asthma and Allergy Foundation of America**

[www.aafa.org](http://www.aafa.org)

### **Bridges to Access**

[www.scbn.org](http://www.scbn.org)

### **GINA (Global Initiative for Asthma)**

[www.ginasthma.org](http://www.ginasthma.org)

### **Maricopa County Department of Air Quality**

[www.maricopa.gov/1244/Air-Quality](http://www.maricopa.gov/1244/Air-Quality)

### **National Jewish Health**

[www.nationaljewish.org](http://www.nationaljewish.org)

## Contact Information

**Arizona Asthma Coalition**

[www.azasthma.org](http://www.azasthma.org)

5804 N Echo Canyon Lane, Phoenix, AZ 85018