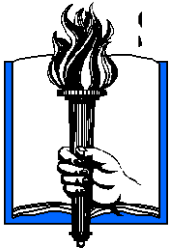


**MURFREESBORO CITY SCHOOLS
ADMINISTRATIVE DIRECTIVES**



Descriptor Term: District Asthma Plan	Descriptor No: AD STU13	Effective Date: 8/14
Revised:		

1 Murfreesboro City Schools permits possession and self-administration of a prescribed, metered dosage,
2 asthma-reliever RESCUE inhaler by any student with asthma so long as the student’s parent/guardian
3 provide the following as per TN DOE/DOH guidelines¹:

- 4
- 5 • An Individual Health Plan (Asthma Action Plan).
- 6 • Signed, written authorization per the student’s Individual Health Plan for student possession
7 and self-administration by the parent and prescriber.
- 8 • Included statement from the prescribing health care practitioner that the student suffers from
9 asthma and has been instructed in self-administration of the prescribed, metered dosage,
10 asthma-reliever inhaler. This statement must include:
 - 11 ○ Name and purpose of the medication
 - 12 ○ Prescribed dosage
 - 13 ○ Time and frequency the prescribed inhaler is to be regularly administered, as well as
14 any additional special circumstances under which the inhaler is to be administered
15 and
 - 16 ○ The length of time for which the inhaler is prescribed

17 .
18 The permission for self-administration of the prescribed, metered dosage, asthma-reliever inhaler shall
19 be effective for the school year in which it is granted and must be renewed each school year.

20
21 Possession of and the time/frequency of doses must be noted and communicated to the school nurse
22 during regular bell times.

23
24 A student may possess and use the prescribed, metered dosage, asthma-reliever inhaler when at school,
25 at a school-sponsored activity, or before or after normal school activities while on school property,
26 including school-sponsored before or afterschool programs.

27
28 The parent or guardian shall be responsible at the end of the treatment regimen for removing any unused
29 medication from the school. When the duration of medication is complete or out of date, the
30 parent/guardian shall be advised to pick up the inhaler.

Murfreesboro City Schools and its employees and agents shall incur no liability as a result of any injury sustained by the student or any other person from possession of self-administration of the inhaler. The student's parent or guardian shall sign a statement acknowledging that the school shall incur no liability and the parent or guardian shall indemnify and hold harmless the school system and its employees and agents against any claims relating to the possession or self-administration of the inhaler.

Asthma Emergency Plan

Immediate action is required when a student exhibits any of the following signs of respiratory distress:

Severe Cough	Shortness of Breath	Sucking in of the chest wall
Difficulty talking from breathing	Chest Tightness	Turning blue
Shallow, rapid breathing	Difficulty walking from breathing	Wheezing
Rapid, labored breathing	Blueness of fingernails and lips	Decreased or loss of consciousness

1. Give Emergency Asthma Medication as instructed in the students IHP/Asthma Action Plan
2. Contact School Nurse. Never send child to office or clinic alone or without an adult
3. Contact Parents as described in students IHP/Asthma Action Plan
4. Call 9-1-1 to activate EMS if the student has any of the following and the school nurse is unavailable:
 - Lips or fingernails are blue or grey
 - Student is too short of breath to walk, talk, or act normally
 - No relief from medication within 15-20 minutes with any of the following signs:
 - Chest and neck pulling in with breathing
 - Child is hunching over
 - Child is struggling to breathe

Legal References

1. Guidelines for Use of Health Care Professionals and Health Care Procedures in a School Setting, including Guidelines for Managing Life Threatening Food Allergies in Tennessee Schools (**Tennessee Department of Education and Tennessee Department of Health**) (2007).