

ADOPT A NEW ASTHMA MANAGEMENT POLICY

THE CHIEF EXECUTIVE OFFICER RECOMMENDS:

That the Board adopt a new Asthma Management Policy.

PURPOSE: The purpose of this policy is to promote the prevention of asthmatic reactions and daily management of asthma during school and school-related activities. This policy also establishes training requirements for school personnel on how to identify signs of asthma and undertake emergency response measures.

POLICY TEXT:

I. **SCOPE:** This policy applies to all schools regardless of whether the school has any current students identified with asthma.

II. **ADMINISTRATION AND SELF-ADMINISTRATION OF ASTHMA MEDICATIONS:** Students may receive asthma medication during school hours either when administered by school personnel, administered with the assistance of school personnel or when self-administered by the student who is authorized to carry and self-administer their medication without supervision by school personnel. The administration and self-administration of asthma-related medications (e.g. inhalers, nebulizers) at school is subject to the authorization and documentation requirements set out in the Board's Policy on the Administration of Medications ("Medication Policy"). The Medication Policy requires written consent of the parent/guardian for a student to carry and self-administer their asthma inhaler during the school day. In the event that the student's health care provider determines that it is inappropriate for any reason for the student to self-administer his or her asthma medication, the parent/guardian shall provide those instructions in the prescribing information to the school.

III. IDENTIFYING STUDENTS WITH ASTHMA

A. **Request for Asthma Information:** In order to effectively plan for and manage student asthma risks at school, parents/guardians are asked to promptly notify the school upon their child being diagnosed with asthma. At least annually at the beginning of each school year, Principals shall request parents/guardians to report information about their child's asthma diagnosis. The Chief Education Officer or designee shall make medical information forms available to schools for this purpose.

B. **Parent Submissions:** When a parent/guardian reports that their child has been diagnosed with asthma, the school shall request the parent/guardian to provide the following:

- (1) Written authorization to obtain detailed medical information on the child's condition from the physician;
- (2) Written consent to share diagnosis and other information with school personnel;
- (3) Written consent to administer or self-administer medications during the school day, as applicable in accordance with in the Board's Administration of Medication Policy;
- (4) An Emergency Asthma Action Plan completed and signed by their child's licensed health care provider and signed by the parent;
- (5) Any medications necessary to prevent or treat allergic reactions along with relevant prescription and dosage information. Replace single dose medications after use and all other medication upon expiration;
- (6) A description of the student's past asthma episodes, including triggers and warning signs;
- (7) Current emergency contact information and prompt notice of any updates;
- (8) A description of the student's emotional response to the condition and the need for intervention; and
- (9) Recommendations on age-appropriate ways to include the student in planning or care and implementing their 504 Plan.

C. **504 Plan Declined:** If the parent/guardian declines a 504 plan for a student requiring asthma medication during school hours, the school shall implement a simple Emergency Asthma Action Plan (EAAP) stating to call 911 immediately upon recognition of signs and symptoms of acute reactions and

send written notification to the parent/guardian of the student's EAAP. The school shall follow all additional procedures set out in the Asthma Guidelines for parents/guardian of a student with asthma who declines a 504 Plan.

D. **Non-Cooperation:** If the parent/guardian of a student with asthma fails or refuses to cooperate with the school for an evaluation or implementation of an appropriate 504 Plan or any documentation required to offer a 504 Plan, the school shall implement a simple Emergency Asthma Action Plan (EAAP) stating to call 911 immediately upon recognition of emergency signs and symptoms along with sending written notification to the parent/guardian of the student's EAAP. The school shall follow all additional procedures set out in the CPS Asthma Guidelines for parents/guardian of a student with asthma who fails to cooperate or refuses a 504 Plan.

IV. **504 PLAN/IEP**

A. **Plan Establishment:** Every child with physician (medical provider)-documented asthma must be offered a 504 Plan to address the prevention of asthma symptoms and daily management of asthma while in school and at school events. In the event the student has an Individualized Education Program (IEP), the IEP shall address the prevention of asthmatic reactions and daily management. The 504 Plan/IEP will include an Asthma Action Plan which includes emergency protocols. For students with a physician-documented acute or chronic condition requiring asthma medication outside of school hours, the nurse in consultation with the parent shall determine if accommodations are necessary which require a 504 plan to manage the child's asthma condition or prevent of reactions during school hours.

B. **Plan Updates:** 504 Plans and IEP's are updated annually in accordance with Section 504 of the Rehabilitation Act of 1973 and the Individuals with Disabilities Education Act. Notwithstanding the annual update requirement, in the event the parent/guardian furnishes new physician orders that include changes to the medical management of the student's asthma, the 504 Plan or IEP will be promptly updated to address the new information.

C. **Plan Dissemination:** The Asthma Action Plan ("EAP") shall be disseminated the student's teacher and the parent/guardian of the student. The EAP will be distributed at the beginning of each school year for continuing students and whenever it is updated or revised or for new students or newly diagnosed students, upon establishment of an EAP. A summary of the EAP will be disseminated and a food service staff, coaches, transportation staff, school health professionals, paraprofessionals and other school staff who supervise the student school sponsored activities (e.g. extra-curricular activities, field trips, sports, before and after school programs). The summary shall identify the student with asthma, identify potential emergencies that may occur as a result of the student's asthma and the appropriate responses to such emergencies and identify emergency contact information.

V. **EMERGENCY RESPONSE:** In the event emergency response measures outlined in a student's Emergency Asthma Action Plan are undertaken but not effective, 911 will be called. School staff shall remain with the student at all times during a medical emergency or perceived medical emergency. If a student is transported to a hospital, a full-time school staff member shall accompany the student until the parent/guardian or emergency contact arrives. A school shall complete an incident report in all instances when emergency response measures are activated or other emergency health issue occurs.

VI. **TRAINING:** At a minimum, at least every two (2) years, school personnel who work with pupils shall complete an in-service training program on the management of asthma, prevention of asthma symptoms and emergency response in the school setting.

VII. **BULLYING:** Bullying, intimidation or harassment of students with asthma is not acceptable in any form and will not be tolerated at school or any school-related activity. Schools shall discipline students who engage in this behavior to the fullest extent permitted under the Board's Student Code of Conduct.

VIII. **GUIDELINES:** The Chief Education Officer or designee is authorized to develop and implement asthma management guidelines, standards and procedures for the effective implementation of this policy.

IX. **VIOLATIONS:** Failure to abide by this policy or guidelines will subject employees to discipline up to and including dismissal in accordance with the Board's Employee Discipline and Due Process Policy.

LEGAL REFERENCES: 105 ILCS 5/22-30; Individuals with Disabilities Education Act, 20 U.S.C. 31400 et. seq.; Section 504 of the Rehabilitation Act of 1973, 29 U.S.C. §706 et. seq. and 34 C.F.R. 100 et. seq.

Approved for Consideration:



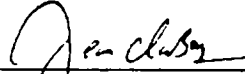
Noemi Donoso
Chief Education Officer

Noted:



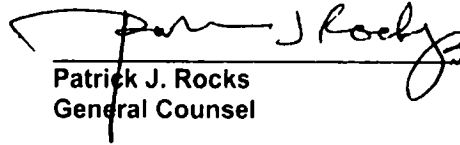
David G. Watkins
Chief Financial Officer

Respectfully submitted:



Jean-Claude Brizard
Chief Executive Officer

Approved as to Legal Form: 



Patrick J. Rocks
General Counsel