

## **Extended Day Asthma Protocol Summer Program**

If your child has been diagnosed with asthma, and has been prescribed an inhaler, please note that the following is the Extended Day Protocol for care during the Summer Program. There is no nurse on site in the summer.:

If your child complains or shows signs that their asthma is flaring up such as:

- Shortness of breath
- Chest tightness or pain
- A whistling or wheezing sound when exhaling (wheezing is a common sign of asthma in children)
- Coughing or wheezing attacks that are worsened by a respiratory virus, such as a cold or the flu or cold air

1. **If the school nurse is not present** and your child:

- Has permission from his/her doctor for self-administration of their medication,
- The school nurse has received a signed copy of the written approval from your child's doctor to self administer, and
- The school nurse has previously agreed that the child is capable of doing self-care,

Then, an Extended Day Staff member will call you or your designee in the following order until we reach someone:

Call First: \_\_\_\_\_

Second: \_\_\_\_\_

Third: \_\_\_\_\_

Simultaneously, an Extended Day staff member will help your child retrieve their medication from their backpack and give them a private area to self-administer. An Extended Day staff member will remain with them while we contact you to keep you informed and to give their medicine time to work.

2. **If the school nurse is not present** and your child:

- Does not have written permission from his/her doctor for self-administration of their medication, and/or
- The school nurse has not previously agreed that the child is capable of doing self-care,

Then, an Extended Day Staff member will call you or your designee in the order designated above and we will call 911 and will follow the recommendations of the responding emergency personnel.

Child's Name: \_\_\_\_\_

Permission to Self-Administer by Child's Doctor: \*\*YES \_\_\_\_\_ NO \_\_\_\_\_

If \*\*YES, written permission from Child's Doctor is attached.

Permission to Self-Administer by School Nurse: \*\*YES \_\_\_\_\_ NO \_\_\_\_\_

If \*\*YES, signature of school nurse: \_\_\_\_\_

Note: The school nurse makes the final determination regarding self administration which is based on ability and competency, not grade or age.

Child's Grade: \_\_\_\_\_

Parent's Name: \_\_\_\_\_

Parent's Signature of Understanding: \_\_\_\_\_

Extended Day Site Coordinator: \_\_\_\_\_

Updated: January 22, 2020