



Managing asthma in schools: Emergency response and stock albuterol protocols

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Managing asthma in schools: Emergency response and stock albuterol protocols

Introduction

Asthma is a common chronic condition that affects many students in Utah. When a student has an asthma attack at school, quick access to medication can prevent a medical emergency and save a life.

Utah schools may choose to stock albuterol, a fast-acting medication used to treat asthma symptoms and other forms of respiratory distress. Stock albuterol can be used for students with a known asthma diagnosis and a signed asthma action plan on file. Under updated 2025 legislation, it may also be given in emergencies to students without a plan or diagnosis, following the emergency protocol outlined in this document.

Although the law allows for emergency use, schools should continue to encourage families to provide an up-to-date asthma action plan for any student with asthma. Personalized care plans help school staff provide safe and effective support.

These guidelines provide information for schools that choose to stock and administer albuterol. They include protocols, training requirements, reporting procedures, and the laws that make this program possible.

What is asthma?

Asthma is a long-term condition that affects the lungs and airways. It causes the airways to become swollen, narrow, and filled with mucus, making it harder for air to move in and out of the lungs.

During an asthma episode, the muscles around the airways tighten (called bronchospasm), and the lining of the airways becomes inflamed. These changes can make it difficult to breathe. According to Utah Code 26B-4-401, an asthma emergency means an episode of respiratory distress that may include symptoms such as wheezing, shortness of breath, coughing, chest tightness, or breathing difficulty.

Asthma affects each person differently. Some students may have mild symptoms occasionally, while others may have frequent or severe episodes. Without treatment,

symptoms can get worse and may become life-threatening. With quick treatment, using rescue medication like albuterol, most students recover quickly.

Recognizing asthma symptoms

Asthma symptoms vary from person to person. Symptoms may be mild, moderate, or severe. Recognizing early warning signs can help prevent a serious asthma emergency.

Common early warning signs may include:

- Frequent coughing
- Throat tightness or a tickle in the throat
- Feeling out of breath during regular activity
- Stomachache or chest discomfort
- Behavioral changes, such as anxiety or withdrawal
- Drowsiness due to lack of sleep (waking up at night)

These early symptoms may be the first sign that a student's asthma is worsening.

Signs of a worsening or severe asthma episode:

- Persistent coughing or wheezing (It's important to note that some people with asthma may not wheeze)
- Shortness of breath or difficulty breathing
- Tightness in the chest
- Inability to speak in full sentences
- Hunched shoulders or use of stomach muscles to breathe
- Pale, gray, or bluish lips or skin (in dark-skinned students, the color may present as gray or whitish)
- Sweating or clammy skin
- Retractions (skin pulling in around ribs or neck when breathing)

Each student's asthma action plan should list their past and current warning signs and symptoms. School staff should follow the plan and seek help if symptoms get worse.

Improvement of symptoms

When a child's respiratory symptoms are improving, you'll see a reversal of their distress symptoms. Instead of persistent coughing or wheezing, their breathing will become quieter and more even, with less effort. They will no longer appear to be hunched over or using their stomach muscles to breathe, and their shoulders will relax. Their skin color, which may have been pale, gray, bluish, or whitish on darker skin, will return to its normal healthy tone, and any sweating or clamminess will subside. Crucially, they should regain the ability to speak in full sentences, indicating their airways are clearing and their breathing is less labored.

Asthma medications

There are two main types of asthma medication:

- **Quick-relief medications** (like albuterol) work by opening the airways and relaxing the muscles around the bronchial tubes. These medications are used when symptoms begin or before known triggers, such as exercise.
- **Long-term control medications** are taken every day to prevent asthma symptoms. These medications are usually not stored or administered at school.

Student-specific albuterol

Some students have a prescription for their own albuterol inhaler. These students must have a signed asthma action plan or medication authorization form on file each school year.

If the student is not approved to carry their inhaler, the school should store the medication in a secure but accessible location for trained staff to use when needed.

Stock albuterol

Utah law allows trained school staff to administer stock albuterol in respiratory emergencies. As of 2025, stock albuterol may be used:

- For students with a known asthma diagnosis and a signed asthma action plan on file.
- Following the emergency protocol outlined in this document if the student doesn't have an asthma action plan on file.

Stock albuterol is not a substitute for a student's prescribed medication, but it can be life-saving in emergencies when personal medication or documentation is unavailable.

Health-related forms

For students with asthma, the most important form is the asthma action plan. This plan outlines the student's diagnosis, triggers, daily care, and what to do in an emergency. It includes a medication authorization signed by both a parent and healthcare provider and also serves as an emergency action plan for school staff.

The asthma action plan includes specific instructions from the healthcare provider, such as how much medication to give, when to give it, and what symptoms to watch for. The plan also includes a section where the healthcare provider indicates whether it is medically appropriate for the student to carry and self-administer their asthma medication. If it is not, the medication should be stored by designated school staff and used when the student has symptoms at school. School personnel should follow these directions when responding to asthma symptoms.

The Utah Department of Health and Human Services (DHHS) has created a combination asthma action plan/emergency action plan form that includes medication orders. Schools should ask families of students with asthma to submit this form each year. The form is available at: <https://heal.utah.gov/schools/school-nursing/asthma/>

Stock albuterol in schools

Utah law allows schools to stock and administer albuterol for students experiencing respiratory distress or asthma emergencies. This includes students who do not have a prior asthma diagnosis or an asthma action plan on file.

The following Utah Code sections provide the legal framework for stock albuterol in schools:

- §26B-4-406: Allows schools to acquire and store emergency medications, including stock albuterol.
- §26B-4-408: Describes who may administer stock albuterol and the required training approved by the Utah Department of Health and Human Services.

- §26B-4-409: Outlines requirements for prescriptions, standing orders, and recordkeeping.
- §26B-4-410: Provides immunity from liability for school staff and healthcare providers who administer stock albuterol in good faith during emergencies.

Under these laws, trained school staff may administer stock albuterol when:

- A student with a known asthma diagnosis and asthma action plan is experiencing respiratory distress symptoms and does not have their own inhaler available.
- A student without a diagnosis or asthma action plan is showing signs of respiratory distress. In these situations, trained staff should follow the emergency protocol outlined in this document.

Stock albuterol is not a replacement for a student's personal inhaler or individualized care plan. Families of students with asthma should be encouraged to provide an updated asthma action plan at least each school year, and updated as needed due to treatment changes or potential seasonal triggers.

For more details about standing orders and prescriptions, see the Obtaining stock albuterol and supplies section.

Qualified adults

When the school nurse is not available, only designated qualified adults employed by the school may administer stock albuterol to students experiencing respiratory distress.

A qualified adult is:

- A school employee who:
 - Is 18 years of age or older
 - Is employed by the school or district
 - Volunteers to administer the medication
 - Has completed the required [online learning module on stock albuterol](#), available through the Utah Department of Health and Human Services

Qualified adults must complete training before administering stock albuterol and must follow the emergency protocol included in these guidelines.

Participation is voluntary. Schools may not penalize or retaliate against employees who choose not to participate.

Stock albuterol training

All qualified adults must complete the [online training module on stock albuterol](#), developed and approved by the Utah Department of Health and Human Services. This training must be completed once before administering the medication and repeated every year to stay current.

The training covers:

- How to recognize symptoms of an asthma emergency.
- Proper storage and use of stock albuterol and valved holding chambers.
- Emergency response steps, including calling 911 and supervising the student.
- How to notify caregivers and document the incident.
- Written materials for staff to keep and review.

The school nurse is responsible for:

- Assigning or verifying completion of the online training module.
- Ensuring the staff member is competent to administer stock albuterol.
- Documenting training completion and maintaining records.

This requirement aligns with the Utah Nurse Practice Act and nursing rules related to delegation and medication administration.

If there is no school nurse, training may be coordinated by another licensed healthcare provider such as:

- A physician, APRN, or physician assistant
- A pharmacist, respiratory therapist, paramedic, or certified asthma educator
- A nationally recognized organization with expertise in emergency training

The approved training from the Utah Department of Health and Human Services must be used, regardless of who coordinates the training.

Emergency protocol for students without an asthma action plan

This protocol is for trained school staff to follow when a student is having respiratory distress and does not have a signed asthma action plan on file. Under Utah Code §26B-4-406(6)(d), trained staff may administer stock albuterol to any student showing signs of respiratory distress or an asthma emergency, even if the student has not been previously diagnosed with asthma.

This protocol provides a standardized, life-saving response when a student's personal inhaler or asthma action plan form is not available.

Recognizing the severity of respiratory distress

Before giving medication, trained staff should assess how serious the student's symptoms are. This helps determine the correct response.

Signs of moderate respiratory distress

These symptoms may respond to albuterol and do not immediately require emergency medical services (EMS):

- Persistent cough or wheezing
- Mild to moderate shortness of breath
- Chest tightness
- Able to speak in full sentences
- Mild restlessness or anxiety
- Normal skin color
- Breathing is faster than normal but not labored

Signs of severe respiratory distress

These symptoms are signs of a life-threatening emergency. Call 911 and follow the severe response protocol:

- Struggling to breathe or gasping
- Cannot speak in full sentences
- Chest retractions or use of stomach muscles to breathe
- Pale, gray, or bluish lips or skin (in dark-skinned students, the color may present as gray or whitish)

- Severe anxiety, panic, or confusion
- No improvement after albuterol
- Student appears weak, limp, or overly tired

Responding to moderate respiratory distress when no asthma action plan is on file

Step 1: Administer medication.

- Give 4 puffs of stock albuterol using a valved holding chamber spacer.
- Wait 15 to 30 seconds between each puff.

Step 2: Monitor the student.

- Keep the student sitting upright.
- Do not leave the student alone or allow them to recline.
- Restrict physical activity.

Step 3: Notify key people.

- Contact the school nurse, the principal, and the student's parent or caregiver.
- Document who was notified and when.

Step 4: Reassess in 10 to 15 minutes.

- If the student is improving, continue to monitor.
- If the student is not improving, give 4 more puffs of albuterol.
- Wait 15 to 30 seconds between each puff
- If symptoms still do not improve, call 911 and begin the protocol for severe respiratory distress.

Responding to severe respiratory distress when no asthma action plan is on file

This section outlines the emergency steps for trained staff when a student is showing signs of severe respiratory distress without an asthma action plan on file.

Step 1: Call 911 immediately.

- Do not delay. If possible, have one staff member call 911 while another begins administering medication. Document the time the call was made.

Step 2: Administer medication.

- Give 8 puffs of stock albuterol using a valved holding chamber.
 - **Important:** If the student cannot take a deep, slow breath and hold it for 10 seconds, have them take 4–6 normal breaths for each puff using the spacer.

Make sure there is a tight seal between their face and the mask or mouthpiece.

- Wait 15 to 30 seconds between each puff.

Step 3: Keep the student safe and calm.

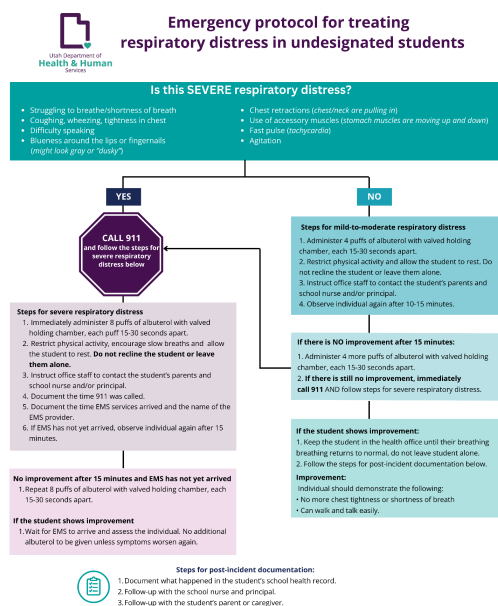
- Keep the student sitting upright—do not have the student lay down. **Important:** If the student is too weak or tired to sit upright:
 - Older students may do better in the tripod position (sitting upright, leaning forward, and resting their hands on their knees or a table).
 - Younger students may be more comfortable lying on their side with their upper body slightly raised using a pillow or blanket.
- Do not leave the student alone or allow them to recline.
- Encourage slow, calm breathing.
- Do not allow physical activity.

Step 4: Notify key people.

- Contact the school nurse, the principal, and the student's parent or caregiver.
- Document who was notified and when.

Step 5: Observe and document.

- If EMS has not arrived within 15 minutes and the student is still in distress, give another 8 puffs of albuterol using the same timing and technique.
- Record the time EMS arrives and the name of the responding agency.



This protocol is intended for use by trained personnel to respond to an undesignated student experiencing respiratory distress while at school. It is not intended to replace a student's Asthma Action Plan. Instead, it should be used when a student doesn't have an Asthma Action Plan on file or if the student does not have a prescribed short-acting bronchodilator inhaler (albuterol inhaler) are not available or easily accessible.

The emergency protocol for treating respiratory distress in undesignated students can be found on page 20. This protocol outlines the step-by-step response for trained staff when a student is experiencing symptoms but does not have an asthma diagnosis or action plan on file.

Procedures to follow after stock albuterol administration

A student must be observed by a responsible adult after stock albuterol is administered until:

- The respiratory distress is resolved.
- The parent takes the student home.
- 911 emergency responders arrive.

The student may return to class once the student's breathing has improved (breathing is smooth and easy, no coughing or wheezing).

The student should not return to class if 911 has been called. The student should go home with a parent for observation if 911 determines the student doesn't need to be transported to the hospital.

Differentiating asthma from anaphylaxis

Asthma and anaphylaxis can both cause breathing difficulties, but they have different causes and treatments.

Asthma is a chronic condition. Symptoms may include wheezing, coughing, chest tightness, or shortness of breath. These symptoms often occur during exercise, in cold weather, or when a person is exposed to triggers such as dust, smoke, or pollen. Asthma symptoms usually improve with the use of albuterol, a quick-relief inhaler.

Anaphylaxis is a severe allergic reaction that can be life-threatening. It often happens suddenly after a known allergen, such as certain foods, insect stings, or medications. In addition to trouble breathing, symptoms of anaphylaxis may include swelling of the lips, face, tongue, or throat; hives or flushed skin; stomach pain, nausea, or vomiting; and feelings of dizziness, confusion, or fainting. These symptoms require immediate treatment with epinephrine, **not** albuterol.

What to do if you're unsure

If a student is having trouble breathing and you're not sure whether it is asthma or anaphylaxis:

- Give epinephrine first.
- Call 911 right away.
- If symptoms do not improve, albuterol may be given if the student continues to

have breathing problems and you are trained to administer it.

Giving epinephrine in an emergency—even if the reaction is not anaphylaxis—will not cause harm. Delaying epinephrine can be life-threatening.

Storage of stock albuterol equipment

Stock albuterol must be stored in a secure, accessible location in the school health office or another designated area approved by the school administrator and school nurse.

Storage guidelines

- Keep albuterol inhalers in a clearly labeled container marked “stock albuterol – for emergency use.”
- Store medication in a secure but unlocked area that trained staff can access quickly in an emergency.
- Do not lock stock albuterol in a drawer or cabinet where it cannot be accessed immediately.
- Keep medications at room temperature, away from heat, moisture, or direct sunlight.
- Check the expiration date monthly and replace expired or damaged products right away.

Recommended equipment

- Metered-dose inhalers (MDIs) of albuterol
- Valved holding chambers (spacers)- with mask or mouthpiece
- Disposable spacers or cardboard chambers to prevent disease transmission
- Face masks (optional) for students unable to use a mouthpiece
- Gloves and disinfecting supplies for safe handling
- Emergency protocol printout and documentation forms
- Storage log or checklist to monitor dates and inventory

Each school is responsible to:

- Maintain an adequate supply of devices.
- Replace used or expired equipment promptly.
- Make sure the medication is not used beyond its expiration date.

Obtaining stock albuterol and supplies

Schools may obtain stock albuterol in two ways:

- Use the Utah Department of Health and Human Services (DHHS) statewide standing order.
- Get a prescription from a licensed healthcare provider working with the school or local education agency (LEA).

In both cases, the school is responsible for the cost of the medication and supplies and must coordinate with a pharmacy to fill the prescription. The American Lung Association has a resource page with financial assistance programs at <https://www.lung.org/help-support/financial-assistance-programs>.

Option 1: Statewide standing order

Schools that choose to use the DHHS standing order must request medication using the following link: <https://redcap.link/albuterolSO>

To obtain medication under the standing order:

- Submit the required information using the online form.
- Download and print the standing order prescription sent to your email.
- Fill the prescription at the pharmacy of the school's choice (at the school's cost).
- After the medication has been dispensed, return to the link to provide:
 - The name of the pharmacist who filled the prescription.
 - The pharmacist's license number.

The Utah Department of Health and Human Services collects this information to meet reporting requirements outlined in Utah Code §26B-4-409.

Option 2: LEA healthcare provider prescription

Schools may also get a prescription for stock albuterol through a licensed healthcare provider who works with the school or LEA.

In this case:

- The prescription may be written by the school's provider.

- A sample prescription template is available at: <https://heal.utah.gov/schools/school-nursing/asthma/> in the stock albuterol section.
- The school may fill the prescription at the pharmacy of their choice (at their cost).
- The school is responsible for purchasing and maintaining the medication and related supplies.

This option may be helpful for LEAs that already partner with a physician, nurse practitioner, physician's assistant, or school-based health program.

Sanitation of stock albuterol devices

To help prevent the spread of illness, schools should use disposable equipment whenever possible. This includes:

- Disposable spacers used with inhalers
- Disposable tubing, masks, or mouthpieces used with nebulizers

All disposable items should be thrown away after a single use.

If you use a reusable spacer:

- Check the manufacturer's instructions first – cleaning steps can be different depending on the type.
- Anti-static spacers (have a special coating inside):
 - Do not wipe or rinse the inside of the tube with alcohol – it will damage the coating (Monaghan Medical Corporation, n.d.).
 - If you must use the spacer for another student in an emergency, wipe the outside and the inside of the mouthpiece or mask with rubbing alcohol (70% isopropyl) (American Academy of Allergy, Asthma & Immunology [AAAAI], 2020).
 - These spacers have a one-way valve that helps reduce the risk of cross-contamination (Cohen et al., 2005; Matt et al., 2011).
- Regular (non-anti-static) spacers:
 - Take apart the device, wash in warm soapy water, rinse well, and let it air dry completely (American Lung Association, n.d.).

Inhaler parts (the canister and the boot it fits into):

- Wipe both parts with 70% rubbing alcohol before using with another student (Grissinger, 2013).

Nebulizer machines:

- Clean and sanitize after each use by following the manufacturer's directions or the [American Lung Association guidance](#) (American Lung Association, n.d.).

Disposal

Stock albuterol devices must be thrown away when they are expired, damaged, or used in ways that make them unsafe (such as being contaminated or exposed to moisture).

To dispose of stock albuterol safely:

- Follow the manufacturer's instructions for proper disposal.
- If using a metered-dose inhaler (MDI), do not puncture or incinerate the canister.
- Used or expired spacers, masks, or other single-use parts should be thrown away in the regular trash unless otherwise directed.
- Do not flush medications down the toilet or pour them down the sink.
- Check medication expiration dates and replace expired or damaged items promptly.

Documentation

The school's medication policy details the process for documentation of all medications given at school and outlines the procedures for administering them. Every dose administered or witnessed by staff should be recorded on a medication log, whether paper or electronic. This log serves as a permanent health record for parents and healthcare providers, helps make sure students receive medications as prescribed, and can reduce medication errors. It also offers legal protection for school staff who assist with medication.

The medication log should contain the following information:

- Student name
- Prescribed medication and dosage (how many puffs the student received)
- Schedule for medication administration
- Name(s) and signature(s)/initial(s) or electronic identification of individual(s) authorized and trained to supervise administration of medications
- Whether the medication administered was the student's own albuterol or stock albuterol.

Reporting

Schools will report aggregate asthma rescue medication data each year to the Utah Department of Health and Human Services and the Utah State Board of Education. This is done through the School Health Workload Report, submitted at the end of the school year as required by R277-415.

Reported data may include:

- The number of schools in the LEA that carry stock albuterol.
- The type of stock albuterol delivery devices used, such as inhalers or nebulizers.
- The number of staff trained to administer stock albuterol.
- The number of times stock albuterol was administered, including whether it was given by a school nurse or by trained non-nurse staff.
- Student outcomes after receiving stock albuterol, including whether symptoms have improved, and if the student returned to class, was sent home, or required EMS.

This information helps guide statewide support, training, and planning for future school health needs.

Medication errors

A medication error is any mistake that happens when giving medication. Errors may include:

- Giving medication to the wrong student
- Giving the wrong medication
- Giving the wrong dose
- Giving it at the wrong time
- Giving it by the wrong route

Use a medication incident or error report form any time an error occurs. Follow your school's medication policy for where to keep the completed form and who to notify. The school nurse, the student's parent or caregiver, and other appropriate school or healthcare staff must be informed. Medication errors involving stock albuterol must also be reported in the School Health Workload Report at the end of the school year.

Call the Utah Poison Control Center at 800-222-1222 if you are concerned about a student's safety after a medication error. Help is available 24 hours a day, 7 days a week.

Appendix:

Emergency protocol for treating respiratory distress in undesignated students

Is this SEVERE respiratory distress?

- Struggling to breathe or gasping
- Difficulty speaking (cannot speak in full sentences)
- Blueness around the lips or fingernails (*might look gray or "dusky"*)
- Chest retractions (*chest/neck are pulling in*)
- Use of accessory muscles (*stomach muscles are moving up and down*)
- Student appears weak, limp, or overly tired
- Severe anxiety, panic, or confusion

YES



Steps for severe respiratory distress

1. Immediately administer 8 puffs of albuterol with valved holding chamber, each puff 15-30 seconds apart.
2. Restrict physical activity, encourage slow breaths and allow the student to rest. **Do not recline the student or leave them alone.**
3. Instruct office staff to contact the student's parents and school nurse and/or principal.
4. Document the time 911 was called.
5. Document the time EMS services arrived and the name of the EMS provider.
6. If EMS has not yet arrived, observe individual again after 15 minutes.

No improvement after 15 minutes and EMS has not yet arrived

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

If the student shows improvement

1. Wait for EMS to arrive and assess the individual. No additional albuterol to be given unless symptoms worsen again.

NO

Steps 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 and allow the student to rest. **Do not recline the student or leave them alone.**
3. Instruct office staff to contact the student's parents and school nurse and/or principal.
4. Observe individual again after 10-15 minutes.

If there is NO improvement after 15 minutes:

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 steps for severe respiratory distress.**

If the student shows improvement:

1. Keep the student in the health office until their breathing returns to normal, do not leave student alone.
2. Follow the steps for post-incident documentation below.

Improvement:

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



Steps for post-incident documentation:

1. Document what happened in the student's school health record.
2. Follow-up with the school nurse and principal.
3. Follow-up with the student's parent or caregiver.

For treating emergency respiratory distress

This protocol is intended for use by trained personnel to respond to an undesignated student experiencing respiratory distress while at school. It is not intended to replace a student's Asthma Action Plan. Instead, it should be used when a student doesn't have an Asthma Action Plan on file or if the student does not have a prescribed short-acting bronchodilator inhaler (albuterol inhaler) are not available or easily accessible.

Steps to establish a stock albuterol program

- Review the Utah Department of Health and Human Services “Managing asthma in schools: Emergency response and stock albuterol protocols.”
 - “Managing asthma in schools: Emergency response and stock albuterol protocols” is available at <https://heal.utah.gov/schools/school-nursing/asthma/> in the resources section.
- Identify a qualified adult in each school who will be responsible for the storage and emergency use of stock albuterol.
 - Name of school:
 - Name of qualified adult:
- The qualified adult must receive training every year. Training is available at <https://usbe.instructure.com/courses/480> or enroll at <https://usbe.instructure.com/enroll/H8KRLR>
 - Who will be responsible for verifying the qualified adult completes the training each year?
 - Date training was completed:
- Store stock albuterol properly. Label the container “stock albuterol - for emergency use.” Store at room temperature in an unlocked, quickly accessible area.
 - Where will the stock albuterol and spacers be stored?
 - How will you monitor when the stock albuterol needs to be replaced?
- Print and store the emergency protocol with the stock albuterol.
 - Emergency protocol can be downloaded at <https://heal.utah.gov/schools/school-nursing/asthma/> in the resources section.
- Fill the prescription at a pharmacy.
 - Have a prescription written for stock albuterol.
 - The school provider can use the [stock albuterol template](#) to write a prescription for school.
 - Use the [State standing order](#).

- Call in advance to discuss school prescriptions.
- Develop a plan to track the use of stock albuterol.
 - Develop and print a medication tracking log. A sample tracking log is available at <https://heal.utah.gov/schools/school-nursing/medications/> in the forms section.
- Develop a plan to notify parents/guardians and medical providers.
 - Establish a protocol for notifying the student's parent/guardian when stock albuterol is used. A sample letter is provided in the appendix.

Sample letter to parents after stock albuterol is used

Purpose: This letter lets you know your student received emergency stock albuterol at school. It explains why the medication was given and what you should do next.

Dear Parent or Guardian,

On _____, your student _____ received stock (undesigned) albuterol because they had trouble breathing during school or a school activity. Stock medication is prescribed to the school for emergency use. The medication given was albuterol.

Please have your student checked by a healthcare provider as soon as possible and follow their instructions. If your student has asthma or is diagnosed with asthma, tell your school nurse or school administrator.

If your student needs medication at school, please ask your healthcare provider to:

- Complete an asthma action plan and any other forms your school requires for medication use.
- Prescribe an inhaler or other medication for your student to keep at school in case they have trouble breathing.

The school cannot guarantee that the medication your student may need will be available unless you provide it according to your healthcare provider's directions.

With thanks,

School Nurse

School Administrator

Sample letter to medical provider after stock albuterol is used

Purpose: This letter lets you know a patient received emergency stock albuterol at school. It requests follow-up care and school medication orders if needed.

Dear Medical Provider,

On _____, the patient _____ received stock albuterol because they had trouble breathing during school or a school activity. Stock medication is prescribed to the school for emergency use. The medication given was albuterol.

If this patient has asthma, please:

- Complete an [asthma action plan](#) and any other forms the school requires for medication use.
- Prescribe medication for the patient to keep at school.
- Give the family or guardian instructions for obtaining and storing the medication.

The school cannot guarantee that the medication your patient may need will be available unless it is prescribed and supplied by the family or guardian.

With thanks,

School nurse

School administrator

Model policy: Stock albuterol in schools

[Insert LEA or charter school name]

Purpose

[Insert LEA] recognizes that asthma is a chronic, potentially life-threatening condition affecting many students. Prompt treatment with albuterol during respiratory distress can prevent emergencies and reduce school absences. This policy outlines when and how trained school staff may administer stock albuterol to students, including those without a prior asthma diagnosis or asthma action plan on file.

Policy statement

[Insert LEA] supports the voluntary implementation of stock albuterol in schools. Stock albuterol is a fast-acting bronchodilator that may be used in asthma-related respiratory emergencies, including for students without a known asthma diagnosis, in accordance with Utah Code §26B-4-406 through §26B-4-410 and related administrative rules.

Conditions for administering stock albuterol

Trained school staff may administer stock albuterol to a student under the following conditions:

- The student is exhibiting signs of respiratory distress consistent with asthma or reactive airway disease.
- The student either:
 - Has a signed asthma action plan on file and is unable to access their own inhaler, or
 - Does not have an asthma action plan on file but is experiencing a respiratory emergency, in accordance with the emergency protocol outlined in DHHS guidelines.
- A qualified adult (as defined in Utah Code §26B-4-406) is present and has completed the required training.

Definition of qualified adult

A “qualified adult” is a school employee who:

- Is 18 years of age or older.
- Volunteers to administer stock albuterol.
- Is employed by the school or district.
- Has completed the Utah DHHS-approved stock albuterol training every year.

Training requirements

All staff who administer stock albuterol must:

- Complete the DHHS-approved online training module.
- Repeat the training every year.
- Understand proper recognition of asthma symptoms, use of inhalers/spacers, emergency response steps, and required documentation.

The school nurse is responsible to make sure staff complete the required training and are competent to administer stock albuterol.

Storage and access

Stock albuterol must be stored in:

- An accessible but secure and unlocked location known to the school nurse and trained staff.
- Clearly labeled containers marked "Stock albuterol – For emergency use."
- Conditions that meet manufacturer guidelines (room temperature, away from moisture/sunlight).

Administration protocols

Refer to the Utah Department of Health and Human Services stock albuterol guidelines for detailed protocols, including:

- Emergency response steps based on symptom severity.
- Dosing instructions (4 puffs for moderate symptoms, 8 for severe).
- When to call 911.
- Observation and post-administration care.

Documentation and reporting

After any stock albuterol use:

- Document all actions using the medication log.
- Notify the parent/caregiver, principal, and school nurse.
- Include the incident in the School Health Workload Report submitted each year to the Utah Department of Health and Human Services.
- Complete a medication error report if an error occurred.

Liability protections

As outlined in Utah Code §26B-4-410, no school or trained staff shall be held liable for administering stock albuterol in good faith, except in cases of gross negligence or intentional misconduct.

Obtaining stock albuterol

Stock albuterol may be obtained:

- Under the Utah Department of Health and Human Services statewide standing order (form available at <https://redcap.link/albuterolSO>).
- By prescription from a licensed healthcare provider working with the school or local education agency (LEA).

All medications must be purchased through a licensed pharmacy. Schools are responsible for cost, inventory, and replacement of expired or used medication and supplies.

Effective date

This policy shall take effect in full on [Insert date].

Model policy references

American Lung Association. (n.d.). Asthma Management in Schools: Assessing a child's readiness to carry and use a quick-relief inhaler [Online course]. Lung Training. Retrieved July 14, 2025, from <https://lung.training/courses/readiness.html>

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Sommers, M. S. (2011, January 11). Color awareness: A must for patient assessment. *American Nurse Today*, 6(1), 6. Retrieved from <https://www.myamericannurse.com/color-awareness-a-must-for-patient-assessment/>

Prescription for short-acting bronchodilator (albuterol Inhaler)

for school use



in accordance with UCA 26B-4-408
Utah Department of Health and Human Services
Utah State Office of Education

Issued to:

Name of local education agency (LEA)

Name of school

Address

City

State

Zip code

Rx: Albuterol HFA inhaler(s) generic. _____ mcg per actuation

Sig: Use per student's asthma action plan

To be administered, as needed to an individual exhibiting symptoms of respiratory distress in accordance with guidelines pursuant to UCA 26b-4. The albuterol HFA must be administered by a trained employee or licensed health care provider.

Quantity Inhalers(s)

Quantity Disposable valved holding chambers generic

Licensed health care provider

Provider street address

City

State

ZIP code

Provider phone number

NPI #

Date issued (month/day/year)

Provider signature

Definitions

Albuterol: A quick-relief (bronchodilator) medication that relaxes the muscles around the airways, making it easier to breathe during an asthma episode.

Asthma emergency: A respiratory emergency and a worsening of asthma symptoms that may include shortness of breath, wheezing, coughing, or chest tightness. Severe symptoms may be life-threatening and require immediate treatment, including contacting emergency medical services.

Asthma action plan (AAP): A form completed by a healthcare provider that outlines a student's asthma diagnosis, daily management, and what to do in an emergency. It includes a medication order and may also serve as an emergency action plan.

Emergency action plan (EAP): A written plan designed to help school staff respond to a student's medical emergency. It is typically written by the school nurse in plain language for non-medical personnel.

Healthcare provider: A medical professional licensed in Utah with authority to prescribe medication. This includes a physician, an advanced practice registered nurse, or a physician assistant.

Inhaler: A device used to deliver medication into the lungs. This includes metered-dose inhalers (MDIs), dry powder inhalers (DPIs), and soft mist inhalers.

Local education agency (LEA): A public school district, charter school, or private school.

Medication: Any substance regulated by the U.S. Food and Drug Administration (FDA) that is prescribed by a healthcare provider. This includes student-specific and stock medications.

Medication authorization: A form that allows medication to be administered at school. It must be signed annually by the student's parent or caregiver and healthcare provider. The asthma action plan may serve as this authorization.

Medication error: Any mistake in the administration of medication. This includes giving the wrong medication, dose, time, route, or giving it to the wrong student.

Medication log: A form used to document when medication is administered to a student. This log may be the one developed by Utah Department of Health and Human Services or

the local school.

Nebulizer: A machine that turns liquid medication into a mist, allowing it to be inhaled into the lungs. This is sometimes used for students who cannot use an inhaler.

Parent or caregiver: A legal guardian, adoptive or biological parent, or another adult with legal responsibility for the student's care.

Qualified adult: A school employee who is 18 years of age or older, volunteers to administer stock albuterol, and has completed the required Utah Department of Health and Human Services training. A qualified adult may give stock albuterol in an asthma emergency, including to students without an asthma diagnosis or plan, following the emergency protocol outlined in these guidelines.

School nurse: A registered nurse (RN) with a current Utah license and whose primary role is the care of a defined group of students

Self-administration: When a student independently uses their own prescribed medication without assistance.

Spacer: A device that connects to an inhaler to improve medication delivery. It slows the spray of medicine so it reaches deeper into the lungs. A valved holding chamber (VHC) is a type of spacer with a one-way valve that regulates airflow and prevents exhalation into the device.

Stock albuterol: Albuterol that is stored at school and is not prescribed to a specific student. It can be used in an asthma emergency by trained staff, including for students without an asthma action plan on file, following the emergency protocol.

Tripod position: Sitting and leaning forward with hands on knees or a surface. This position can help older children in respiratory distress breathe more easily by engaging accessory muscles and promoting controlled breathing.

References

American Academy of Allergy, Asthma & Immunology. (n.d.). *Cleaning and reuse of a spacer or valved holding chamber*.

<https://www.aaaai.org/allergist-resources/ask-the-expert/answers/old-ask-the-experts/cleaning-reuse-spacer>

American Lung Association. (n.d.). *Asthma management in schools: Assessing a child's readiness to carry and use a quick-relief inhaler* [Online course]. Lung Training. Retrieved July 14, 2025, from <https://lung.training/courses/readiness.html>

American Lung Association. (n.d.). *Emergency protocol: Asthma symptoms in schools*. In *Stock bronchodilators in schools toolkit*. Retrieved June 30, 2025, from <https://www.lung.org/lung-health-diseases/lung-disease-lookup/asthma/emergency-protocol-for-schools>

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Utah Department of Health and Human Services. (2025). *Stock albuterol in schools: Training module*. <https://usbe.instructure.com/courses/480>